

4CPS-109 SEX-RELATED DIFFERENCES IN THE EFFECTIVENESS OF JANUS KINASE INHIBITORS IN RHEUMATOID ARTHRITIS TREATMENT

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Background and Importance There is evidence on the influence of sex on the effectiveness and safety of drugs, as pharmacokinetics and pharmacodynamics differ between women and men. Women exhibit higher blood drug concentrations and longer drug clearance times compared to men. To date, there is limited real-world data assessing the influence of sex on the effectiveness of Janus kinase inhibitors (JAKi) in rheumatoid arthritis (RA) treatment.

Aim and Objectives (a) To compare the probability of reaching remission in women and men treated with JAKi, and (b) to analyse the potential impact of sex on JAKi treatment discontinuation due to lack of effectiveness.

Material and Methods This observational retrospective study involved the RA patients who were treated with tofacitinib, baricitinib, upadacitinib, or filgotinib at a tertiary hospital, between September 2017 and September 2023.

Logistic regression was applied to compare the odds of reaching remission (defined by the Disease Activity Score 28-joints using Erythrocyte Sedimentation Rate [DAS28-ESR] of <2.6) at 6 months in women versus men. The Cox model was used to analyse sex as a potential predictive factor that could influence JAKi treatment discontinuation due to lack of effectiveness. Statistical analyses were performed utilising STATA software.

Results 184 JAKi treatments were included, corresponding to 123 RA patients (86% women, 63±13 years old).

There were no significant differences in baseline RA disease activities between women (DAS28-ESR: 5.0 [SD 1.3]) and men (DAS28-ESR: 4.7 [SD 1.3]), $p=0.251$. At 6 months of JAKi treatment, women were more likely to reach DAS28-ESR remission in comparison with men (odds ratio [OR]: 2.72, 95%CI: 1.05–7.10; $p=0.040$). Discontinuation rates of JAKi treatment due to lack of effectiveness were not related with sex (hazard ratio [HR]: 1.14, 95%CI: 0.54–2.41; $p=0.732$).

Conclusion and Relevance Women with RA who received treatment with JAKi possessed higher odds of reaching remission at 6 months of treatment than men. Sex was not found to impact on JAKi treatment discontinuation due to lack of effectiveness.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-110 SYSTEMATIC REVIEW AND E-QUESTIONNAIRE ON THE SERVICE CHARACTERISTICS, OPERATIONS AND ACTIVITIES OF CENTRES FOR MEDICINES INFORMATION (CMI)

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Background and Importance Clinical pharmacy is well-developed in our country, but is currently mainly bedside-oriented and driven by pharmacist initiatives. Furthermore, a standardized approach for providing and following-up on clinical pharmacy on demand is lacking. In our centre, only a basic service is foreseen in which recommendations are given in response to telephone inquiries. There is a need to develop and implement a Centre for Medicines Information (CMI)

4CPS-111 PHARMACEUTICAL INTERVENTIONS IN PATIENTS UNDER CHRONIC OPIOID TREATMENT ADMITTED TO TRAUMATOLOGY UNITS

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Background and Importance Opioid analgesics are considered high risk medications. Their growing use in patients with non-oncological chronic pain has increased in recent years, making it important to review the appropriateness of the prescriptions in order to minimise the risk of adverse events.

Aim and Objectives The objective of the study was to analyse pharmaceutical interventions carried out in hospitalised trauma patients already receiving chronic treatment with opioids at the time of admission.

Material and Methods Prospective, observational study, carried out between April and July 2023. Pharmacists daily reviewed the chronic therapies that included opioids prescribed to patients admitted to the trauma unit, and recorded the pharmaceutical interventions that were carried out. The following variables were considered: age, sex, diagnosis, indication of chronic therapy with opioids, opioids prescribed, adverse events, type of interventions carried out, and degree of acceptance of the interventions by the clinics. Information was obtained from electronic clinical records for primary care and specialised care, and from the hospital electronic prescription program.

Results During the time of the study, prescriptions were validated for 596 patients and pharmacists intervened in 34 patients (73.5% women) with a mean age [range] of 73.5 [62.5–81.5] years. A total of 45 interventions were carried out, with a degree of acceptance by clinics of 76%. Most interventions (52%) involved patients being treated with fentanyl patches, followed by tapentadol tablets (25%).

The interventions were focused to warn professionals about reconciliation errors with chronic opioid therapy at admission (53.3%), inappropriate prescription of two or more opioids (20%), dosage errors (17.8%) and risk of respiratory depression due to comorbidity and/or concomitant medications (8.9%).

The percentage of patients with adverse events was 21%, and consisted of withdrawal symptoms, dizziness, hypotension, disorientation, and constipation.

Conclusion and Relevance Prescription review by pharmacists allowed us to detect and avoid numerous errors in treating trauma patients who receive chronic opioids to treat non-oncologic pain, leading to safer use of these medications.

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Conflict of Interest No conflict of interest.