discontinuation was assessed with Cox Proportional Hazard models. Statistical analysis was conducted with SPSS®V27.0.

Results 206 patients were included, 47.6% were men. The mean age±SD was 53.2±11.6 years. A total of 354 treatment lines were recorded (37.3% anti-TNF; 25.2% PD-4-Is; 20.3% anti-IL17; 9.0% anti-IL12/23; 8.2% anti-IL23).

Overall treatment persistence rate at 6 months was 86.4% (96.8% anti-IL12/23; 95.2% anti-IL23; 91.2% anti-TNF; 83.8% anti-IL17; 75.9% PD-4-Is).

Mean overall persistence duration was 1542 days (CI 95% 1376–1707). According to Cox regression, the mean persistence was 1626 (CI 95% 1436–1815) days for bDMARDs and 1086 days (CI95% 863–1310) for PD-4-Is. Men were more persistent [HR 1.41 (CI95% 1.04–1.93), p<0.05]. bDMARDs were more persistent [HR 1.11 (CI95% 1.02–1.21) p<0.05].

13.6% (n=46) PsA patients treated with bDMARDs or PD-4-Is discontinued treatment before 6 months. The reasons were: 55.5% lack of effectiveness (37.5% anti-TNF; 37.5% anti-IL17; 20.8% PD-4-Is; 4.2% anti-IL12/23); 39.5% adverse effects associated with PD-4-Is and 5.0% unknown reason.

Conclusion and Relevance Patients with greater treatment persistence are those treated with bDMARDs and are predominantly male. Lack of effectiveness were the main reason for early discontinuation of treatment. All patients who discontinued treatment for adverse effects were treated with PD-4-Is.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-128 POTENTIAL DRUG-DRUG INTERACTIONS IN HYPERTENSIVE PATIENTS

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10.1136/ejhpharm-2024-eahp.232

Background and Importance Hypertension is among the most frequently diagnosed chronic medical condition in adults. Treatment of hypertension requires one or more drugs (usually thiazide, angiotensin converting enzyme inhibitor (ACEI), angiotensin-II-receptor blocker (ARB), calcium channel blocker (CCB) and/or beta-blockers). Potential drug-drug interactions (pDDIs) are highly prevalent in hypertensive patients receiving multidrug therapy. Knowledge about pDDIs may help physicians minimise adverse effects by careful choice of drugs.

Aim and Objectives To analyse pDDIs among hypertensive patients and evaluate the mechanism and severity of potential outcomes of such interactions.

Material and Methods We conducted a cross-sectional study during a two months period, which included 350 patients with hypertension, treated in university hospita, who had ≥2 medications prescribed. Approval was granted by the Ethics Committee of the hospital. Medication prescriptions were analysed for clinically relevant pDDIs using Lexi-Interact database (Lexi-Comp, Inc, Hudson, Ohio. Statistical analyis was performed using the software PASW Statistics (PASW Inc., Chicago, IL, USA) version 22 and Microsoft Excel® 2010. An expert group, consisting of two clinical pharmacists and two hospital pharmacists, assessed the benefits and risks of each prescribed drug by using the Medication Appropriateness Index. Discontinuation or substitution with another drug with less interacting potential was suggested.

Results A total of 350 patients were included in this study, with average age 77 (36–98) years and 6.1 (2.5) medications. The majority of patients (86.0%) had at least one clinically significant pDDI, average was 3.78 (range 1–25). Suggestions for treatment change aimed mainly at eliminating drug duplications, reducing the use of thiazide diuretics, sulfonylureas, alpha-lipoic acid and pentoxiphylline and increasing the use of calcium-channel blockers, when appropriate. pDDIs would have decreased to 2.10, p<0.001, yet male gender, ≥ 6 medications, cardiovascular diseases, diabetes, benign prostatic hyperplasia, would be predictive of ≥2 pDDIs. The main potential adverse outcomes of pDDIs were hypotension, renal failure, hypoglycemia, bradycardia and lactic acidosis.

Conclusion and Relevance Careful choice of drugs can reduce, but not eliminate pDDIs in hypertensive patients. Close monitoring for hypotension, renal failure, hypoglycemia, bradycardia and lactic acidosis is necessary.

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Conflict of Interest No conflict of interest.

4CPS-129 EVALUATION OF THE BENEFIT OF CAROB FLOUR ON NINTEDANIB DIARRHOEA IN THE TREATMENT OF DIFFUSE INTERSTITIAL LUNG DISEASE

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10.1136/ejhpharm-2024-eahp.233

Background and Importance Nintedanib is a tyrosine kinase inhibitor drug indicated for idiopathic pulmonary fibrosis and other chronic progressive phenotype fibrosis. However, it is difficult to maintain the full dose due to its most frequent adverse effect: diarrhoea.

Because of the complexity of these patients, multidisciplinary care between nursing and pharmacy is performed. Before starting treatment, oral intake of carob flour is indicated to prevent and treat diarrhoea.

Carob is a plant with medicinal use in gastrointestinal disorders as it has anti-inflammatory, anti-diarrhoeal and anti-ulcer properties. We recommend, according to bibliography, the intake of 20 grams once or twice a day.

Aim and Objectives To evaluate the benefit of daily intake of carob flour on diarrhoea caused by the antifibrotic drug nintedanib in a tertiary level hospital.

Material and Methods All patients dispensed nintedanib from March 2022 to July 2023 were included. Information regarding nintedanib initiation date, duration of treatment, indication, dosing at cut-off and co-medications was collected from medical history. Carob flour intakes and incidence of diarrhoea were registered by nursing and pharmacy on follow-up.

Results Forty-seven patients were included, highlighting two groups:

Patients who took carob flour 48.9% (n=23), of whom 20 did not have diarrhoea. The other three patients had diarrhoea,

suspecting that they took less than recommended, in two of them it was necessary to reduce the dose.

Patients who did not take flour: 51.1% (n=24), of whom 16 did not have diarrhoea. The remaining eight patients had diarrhoea, decreasing the dose in four of them.

Most of the patients who did not take flour started treatment more than 12 months ago (62.5%), when this dietary recommendation was not made.

Conclusion and Relevance Carob flour is useful in preventing diarrhoea caused by nintedanib due to its anti-diarrhoeal properties because it is rich in starch and fibre, which leads to a decrease in stool production and diarrhoea. In addition, the proteins present utilise separate glucose and amino acid cotransporters that promote glucose absorption. By improving stool consistency, it contributes to better tolerance of nintedanib.

More exhaustive studies should be performed to confirm these results, bearing in mind the carob flour intake varies from patient to patient, making results difficult to assess.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-130 RISK OF HYPOKALAEMIA IN HOSPITALISED PATIENTS ASSOCIATED WITH THE COMBINATION OF DIURETICS

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10.1136/ejhpharm-2024-eahp.234

Background and Importance Loop diuretics and thiazides are commonly known to cause hypokalaemia. Several cases of hypokalaemia were discovered in patients undergoing diuretic treatment during pharmaceutical validation.

Aim and Objectives Main objective was to study the risk of hypokalaemia in hospitalised patients receiving ≥2 diuretics.

Material and Methods A descriptive and retrospective study was designed. The number of admissions treated with diuretics from August 2022 to July 2023 were extracted from electronic prescription software (Dominion FarmaTools®) and potassium blood levels from laboratory software (Modulab®).

The outcome was the proportion of included patients with hypokalaemia. Inclusion criteria: ≥2 diuretics for ≥2 consecutive days with ≥2 serum potassium levels. Assessed diuretics were: furosemide (F), hydrochlorothiazide (H), eplerenone (E) and spironolactone (S). Assessed potassium supplement (PS) were: potassium hydrogencarbonate and potassium chloride.

'Diuretic-associated hypokalaemia' was defined as potassium level <3.5mEq/dL at least two days after initiating treatment with ≥2 diuretics. Additionally, PS were also collected from admissions with hypokalaemia.

Results A total of 4,127 registers of patients admitted with diuretic treatment were initially reviewed, 988 had ≥2 concomitant diuretics and 517 of them were prescribed for ≥2 days.

Hypokalaemia was identified in 40.8% of patients admitted. Loop diuretic combined with either S or E had similar hypokalemic rates (42,7%; 41,4% respectively) but not as high as when combined with H(59.4%).

In addition, PS had to be added to 124(58.8%) of patients that developed hypokalaemia.

Abstract 4CPS-130 Table 1

	Total	Hypokalemia n(%)
Admissions	517	211(40.8;IC95 36.6–45.0)
F + H	138	82(59.4;IC95 51.2–67.6)
F + S	131	56(42.7;IC95 34.3–51.2)
F + E	140	58(41.4;IC95 33.3–49.6)
F + H + S	42	7(16.7;IC 95 5.4–27.9)
Other associations	66	8(12.1;IC95 4.2–20)

Conclusion and Relevance Almost half of admissions with combination of diuretics developed hypokalaemia due to these drug combination.

F was involved in every treatment. F + H was the combination more commonly associated with hypokalaemia (risk difference 25.4%;IC95 15.9–34.9 vs the rest of associations).

The combination of loop and potassium-sparing diuretics also leads to hypokalaemia despite S or E.

More than half of admissions required the addition of PS. Potassium levels should be monitored regularly in all patients receiving diuretic treatment with ≥2 drugs.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-131 ABSTRACT WITHDRAWN