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

4CPS-132 RIBOCICLIB IN METASTASIC BREAST CANCER TREATMENT: FRECUENCY AND ANALYSIS OF DIFFERENTS ADVERSE EFFECTS WHICH REQUIRED INTERVENTION

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10.1136/ejhpharm-2024-eahp.236

Background and Importance Ribociclib is a selective cyclin-dependent kinase 4/6 (CDK4/6) inhibitor approved for the treatment of hormone receptor-positive, human epidermal growth factor receptor 2-negative (HR+/HER2−) locally advanced or metastatic breast cancer (LA/MBC) in combination with an aromatase inhibitor or fulvestrant as initial hormonal treatment. Multiple adverse effects were advertised in clinical trials which led to modifications such as dose reductions or drug change.

Aim and Objectives The aim of this study was to evaluate the side effects due to ribociclib and to analyse how modifications in treatments are made in clinical practice.

Material and Methods We conducted a descriptive, observational and retrospective study of patients treated with Ribociclib from 2017 to present in a third-level hospital. The data were obtained from the electronic medical records of the patients and the Farmatools Management program. The parameters analysed were: demographic information, time from first dose to first event noticed (dose reduction/drug change), doses reductions, changes to other CDK4/6 inhibitor, frecuency and description of adverse effects and discontinuation treatment. Data were processed by Microsoft Excel software.

Results A total of 81 women with HR+/HER2− MBC were studied. Median age was 62 years. 62% (50/81) had to undergo some modification with respect the original treatment due to adverse effects. 40% (32/81) required some dose reduction [35% (28/81) only one reduction; 5% (4/81) needed two reductions]. 22% (18/81) had to switch drug. Main signs involved were hematological toxicity -neutropenia- (24 cases), dermal toxicity (8), liver toxicity (5), gastrointestinal toxicity (3), heart toxicity -long QT syndrome- (2). Average time to first dose reduction was 83 days. Average time to drug change was 117 days. Average cycles until first event was 2,5. Average cycles until end of study or event was 6,9. To the end of study, 64% (32/50) continue treatment with ribociclib, 26% (13/50) changed to other cycline inhibitor and 10% (5/50) changed to another drugs. Rest of them was suspended by cancer progression.

Conclusion and Relevance The frequency of dose reductions and interruptions of treatment in our population was similar to clinical trials (MONALEESA). The kind of adverse effects observed was similar too, although we focused on those which supposed dose reduction or drug change.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-133 EFFECTIVENESS AND SAFETY OF ANTI IL-5 DRUGS BENRALIZUMAB AND MEPOLIZUMAB IN SEVERE UNCONTROLLED EOSINOPHILIC ASTHMA PATIENTS

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10.1136/ejhpharm-2024-eahp.237

Background and Importance Severe uncontrolled eosinophilic asthma (EA) is defined by pulmonary inflammation caused by eosinophilic cells. It is associated with an increased-on cytokine IL-5. Patients diagnosed with this phenotype of asthma are corticoids resistant. Among the new treatments, biological therapy with monoclonal antibodies against IL-5 seems to be a suitable option.

Aim and Objectives Analyze the effectiveness and safety in daily life routine practice with anti IL-5 biological drugs, benralizumab and mepolizumab, used by severe uncontrolled EA patients.

Material and Methods Retrospective observational study in a daily life clinical practice of a third-level hospital. Patients selected diagnosed with EA treated with benralizumab and mepolizumab for at least 12 months from January 2018 to March 2023.

Data was collected from electronic medical records and drug dispensing program: sex, age, Forced Expiratory Volume in 1 second (FEV1), comorbidities, blood eosinophilic count (EOS), Asthma Control Test (ACT), exacerbation's number, oral glucocorticoid (OCS) based on equivalent doses of prednisone, inhaled treatment. Effectiveness was assessed by the reduction of EOS, OCS and exacerbations; and by the improvement of FEV1 and ACT. Safety profile was demonstrated based on adverse effects (AE) described. The software used for data collection was Microsoft Excel and for statistical analysis JAMOVI.

Results 45 patients were included, 31 women (68.9%), mean age 65.6 years (42–81). 26 patients (57.8%) were treated with benralizumab and 19 (42.2%) with mepolizumab. Most frequent comorbidities presented by patients were: 21 nasal polyposis (46.7%), eight rhinosinusitis (17.8%) and seven Samster's triad (15.6%). Two patients were smokers (4.4%). After 12 months of treatment FEV1 increased by 20.4% (-18.0–45.5; n=32). 13 patients did not complete the test due to COVID pandemic situation. EOS blood test was reduced by 96.7% (81.8–100.0) from basal level concentrations. Exacerbations' number presented on the previous year were reduced from 3.75 (0.0–9.0) to 0.5 (0.0–6.0). ACT improved 6.5 points (-6.0–16.0). Only 21 patients (46.7%) required diary OCS, and their dose was reduced to 4.67 mg per day (0.0–30.0). All patients continued inhaled therapy. Any AE were described.