

monitoring by hospital pharmacies (HP) into added value to society. This service should be made available preferably to the most vulnerable patients in terms of mobility, geographic distance, economic capacity or work constraints.

**Aim and Objectives** To evaluate the knowledge of HP about TF in Portugal with regards to possible benefits and barriers for the implementation of a regulated and funded model for antiretroviral therapy (ART) delivery proximity programme for people living with the Human Immunodeficiency Virus (PLHIV).

**Material and Methods** A quantitative, cross-sectional and analytical study was carried out through application of a previously validated questionnaire to 32 HP in Portugal that provide ART. Outpatient care for HP and their perception of follow-up using TF was characterised. It was assessed whether there was a statistical correlation between medicines delivery proximity programme and remote follow-up of PLHIV.

**Results** Our data shows that more than two thirds of the HP have opening hours outside regular hours and >90% are opened during lunchtime. More than half of PLHIV live close to the hospital, >80% have outreach programmes that are close to PLHIV, and around 60% have long-distance follow-up for this pathology. More than 60% of HPs believe that TF is useful in the absence of face-to-face contacts. There is a consensus about the advantages of TF for patients, HP and health systems. All HP have considered an elaboration of a TF regulation manual and its inclusion in hospital funding. We have found correlation between the existence of ART delivery proximity programme to PLHIV and high rurality ( $p < 0.05$ ) and low population density ( $p < 0.05$ ). The existence of ART delivery proximity programme to PLHIV has also been associated with adherence to this service ( $p < 0.05$ ).

**Conclusion and Relevance** The results of this study suggest that medicines delivery proximity programme and the follow-up of patients through TF enhance the adherence of PLHIV, thus avoiding unnecessary trips to the hospital. Distance or time constraints are minimised and health outcomes are maximised.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

1. Sociedad Española Farmacia Hospitalaria. Proyecto MAPEX: marco estratégico en telefarmacia, Available from: [https://www.sefh.es/mapex/images/Telefarmacia\\_SEFH.pdf](https://www.sefh.es/mapex/images/Telefarmacia_SEFH.pdf)

**Conflict of Interest** No conflict of interest.

#### 4CPS-156 ANALYSIS OF THE PRESCRIPTION PATTERN AND DAYS OF HOSPITALISATION AVOIDED BY OUTPATIENT INTRAVENOUS ANTIBIOTIC THERAPY AND THE SAFETY OF THIS PRACTICE

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**Background and Importance** The use of intravenous anti-infective therapy for non-hospitalised patients is an increasingly common practice that allows prescribers to treat patients with intravenous therapy without lengthening hospital stay.

**Aim and Objectives** To assess the prescription pattern and days of admission avoided with outpatient intravenous antibiotic therapy (OPAT). Also, to analyse the safety of this practice.

**Material and Methods** We made a retrospective observational study including patients who received out-of-hospital intravenous anti-infective treatment in a tertiary-level hospital in Madrid between 1 August 2021, to 31 August 2022. We collected from the electronic prescription indication, etiologic agent, prescribing physician as well as days of hospitalisation avoided, understood as total days of hospitalisation avoided by the number of days of intravenous treatment duration. Also, we recalled adverse reactions that occurred during the therapy period.

Sociodemographic, clinical and pharmacological variables were collected from the electronic medical record.

**Results** We included 85 patients (52.9% women) in the study, with a median age of 75 years (62–86).

Among the most frequently prescribed anti-infectives we found ertapenem (32.6%), dalbavancin (15.3%), amoxicillin/clavulanic acid (9.2%), ceftriaxone (7.1%) and piperaziline/tazobactam (7.1%). The most frequent indications were urinary tract infections (26.5%), skin and soft tissue infections (18.4%) and respiratory infections (14.3%). As for those infections caused by bacteria (64.7%), 44.6% were gram-negative multi-resistant. Fungi accounted for 4% of the causative agents, protozoa for 1% and viruses for 1%.

Infectious diseases department was responsible of 61.2% of the prescriptions. In 68.4% of cases, there was a complete antibiogram at the time of prescription.

The median of hospitalisation days avoided was 7 (19–6). The highest amount of days avoided was 365 days for three patients, treated for visceral leishmaniasis, mycobacteria infection and infection of sanitary material.

Only 1 patient (1%) presented adverse events (renal toxicity due to amphotericin) that did not require hospitalisation, only suspension of treatment.

**Conclusion and Relevance** OPAT receivers in our hospital are mostly elderly patients with bacterial infections. Prescribers made prescriptions based on the results of an antibiogram on more than half of the occasions. The out-of-hospital administration of these drugs saves a median of 7 days for patient, being a practice with low appearance of adverse effects during treatment.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

**Conflict of Interest** No conflict of interest.

#### 4CPS-157 PERSPECTIVES OF PATIENTS AND MEDICAL PROVIDERS ON MULTIDISCIPLINARY MEDICATION RECONCILIATIONS SERVICE IN ADULT PATIENTS UNDERGOING THORACIC AND CARDIOVASCULAR SURGERY (MERITS STUDY)

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**Background and Importance** The implementation of medication reconciliation (MR) services is a global endeavour, but still faces technological and data-related barriers. To promote widespread adoption, understanding the perspectives of patients and medical providers on MR services is crucial.

**Aim and Objectives** This study aimed to investigate the satisfaction levels and perceptions of patients who have experienced MR services, as well as the satisfaction, perceived needs, and expectations of medical providers.

**Material and Methods** This research is a part of the prospective study evaluating of multidisciplinary medication reconciliation service in adult patients undergoing thoracic and cardiovascular surgery (MERITS study). The protocol of the study was approved by Institutional Review Board of Seoul National University Hospital (IRB No. 2109-135-1257). Patients' feedback was collected through surveys using 5-point Likert-scales, encompassing their awareness of services, improvement in medication behaviours, perception about pharmacists, and overall satisfaction with services. In parallel, healthcare providers were surveyed addressing their perceptions, satisfaction level, needs, and expectations concerning MR services.

**Results** Among 216 patients enrolled in MERITS study, 208 patients completed the questionnaires. These patients expressed a high degree of satisfaction with MR services (average score 4.67). The aspect receiving the highest rating (4.79) pertained to the professionalism exhibited by pharmacists, whereas the lowest score (4.61) was attributed to the need for revisiting the service. Average score of 4.63 were rated for improvement in medication behaviours. Medical staff (12 out of 22, response rate 54.5%) expressed satisfaction, with nine rating the overall services as 'very satisfied'. They showed the highest satisfaction in 'comprehensive medication review and resolving drug-related problems' and 'discharge counselling'. In terms of the need for services, eight respondents answered 'very much in need' while four considered they 'needed', with the greatest demand for 'providing the best possible medication history'. Additionally, the services' overall expectations were also positive, especially for identifying and improving discrepancies during transitions.

**Conclusion and Relevance** The findings of this study underscore a positive reception of MR services from both patients and medical staff. These findings emphasise the need to further promote and enhance MR services in Korea.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

**Conflict of Interest** No conflict of interest.

#### 4CPS-158 RELAPSED/REFRACTORY MULTIPLE MYELOMA AND NEW THERAPEUTIC OPTIONS: EXPERIENCE IN A PHASE 1 CLINICAL TRIALS UNIT

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**Background and Importance** Treatment landscape for relapsed/refractory Multiple Myeloma (RRMM) has changed significantly due to the availability and good results of new drugs such as immunotherapy agents.

Phase I clinical trials (CTs) allow patients to access new drugs prematurely, but the high complexity of these CTs makes essential the integration of a pharmacist in the Phase I team to ensure the safe preparation and dispensation of investigational drugs.

**Aim and Objectives** To know RRMM patient's profile treated in a Phase I Unit, describe overall results in terms of efficacy and adverse effects, and analyse the pharmaceutical interventions (PIs) carried out and the medication-related problems (MRPs) detected.

**Material and Methods** Observational, retrospective study, with RRMM patients treated with investigational drugs in a Phase I CT Unit. Main data collected were demographics; number of previous treatment lines; ECOG at inclusion in CT; type of investigational treatment received; treatment effectiveness: type of response, overall survival (OS), progression-free survival (PFS); adverse effects (AEs); PIs and detection of MRPs.

**Results** 42 patients were analysed, average age was 67.6 years, 71.4% women, average previous lines 5, ECOG 1 and types of investigational treatments received were mostly Bispecific Antibody(Ab) (antiGPRC5D-CD3) +Bispecific Ab (antiBCMA-CD3) (26.2%) and Bispecific Ab (antiBCMA-CD3) + anti-CD38 Ab (26.2%).

54.8% of patients obtained partial or greater response. Median PFS was 11.5 months. Median OS was 25.3 months. 93% of patients experienced some AEs, most common were haematological, including neutropenia (29%), anaemia (21%), and platetopenia (12%).

36 PIs were carried out, mainly related to prescription errors (44%) and detection of drug interactions (33%). A PI was performed for each MRP detected, preventing negative results in all cases.

**Conclusion and Relevance** Patients with RRMM in Phase I CT Unit are middle-old age, highly pretreated and with acceptable functional status. Overall efficacy and safety results are positive, which reinforces participation in Phase I CT as an option to be evaluated.

The detection of prescription errors and drug interactions were high in number and with potential impact. Bispecific Abs seem to be a promising treatment for patients with RRMM and due to their complexity, the figure of the pharmacist proves to be essential within the healthcare team of Phase I CT Units.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

**Conflict of Interest** No conflict of interest.

#### 4CPS-159 ANALYSIS OF THE INTERVENTIONS CARRIED OUT IN THE GERIATRIC SERVICE IN COLLABORATION WITH THE INTERNAL MEDICINE AND MICROBIOLOGY SERVICES

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**Background and Importance** Controlling the prescription of antibiotics is important for better patient care and reducing the emergence of resistance.

**Aim and Objectives** Analysing the interventions carried out on patients admitted to the geriatric service from the antimicrobial use optimisation programme (PROA) of our hospital and evaluating the degree of acceptance.

**Material and Methods** Observational, descriptive and prospective study of the interventions carried out by the PROA team (pharmacists, internists and microbiologists) to patients