

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 plateletopenia (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.

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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