Conclusion and Relevance No association was found between the proposed variables and the appearance of immune-related toxicity in general but a significant relation was found between altered LDH and skin toxicity, and between ECOG≥2 and musculoskeletal toxicity. Correlation was also found between a history of allergy or autoimmune disease and the consumption of antibiotics or corticosteroids with the appearance of hepatic, general or musculoskeletal toxicity.

REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of Interest No conflict of interest.

4CPS-166 COMPREHENSIVE ASSESSMENT OF PHARMACOTHERAPY IN THE COMPLEX CHRONIC PATIENT: COLLABORATION BETWEEN DIFFERENT LEVELS OF CARE

[1]M Muñoz-García, [1]C Acosta-Cano, [1]E Delgado*, [1]E Gomez-Bayona, [1]MD Molina-Mendoza, [1]L Quesada-Muñoz, [2]MJ Zamorano-Serrano, [3]EC López-Díaz, [3]V Greciano-Greciano, [1]A Álvarez-Díaz. *[1]Hospital Universitario Ramon Y Cajal, Pharmacy Department, Madrid, Spain*; *[2]Hospital Universitario Ramon Y Cajal, Emergency Department, Madrid, Spain*; *[3]Dirección Asistencial Este, Pharmacy Department, Madrid, Spain*

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Background and Importance Complex chronic patients (CCP) have changing needs that require continuous reassessment and effective coordination of different levels of care.
Aim and Objectives To analyse a comprehensive pharmacotherapy assessment programme (CPAP) in the CCP regarding health resources utilisation, optimisation of pharmacotherapy, pharmacotherapeutic and patient satisfaction.
Material and Methods Prospective intervention study in a tertiary hospital´s emergency department (ED) between 9 January 2023 to 31 August 2023. Inclusion criteria: CCP who consulted the ED, signed informed consent, and were not seriously ill or institutionalised.

A CPAP in <24 h/48h in the ED included: conciliation, review of pharmacotherapy and prescriptions and issue of a pharmacotherapeutic recommendations report. The report was sent to primary care (PC) professionals at discharge. To assess patient's satisfaction, a follow-up phone call was made 30 days after discharge (score 0–10).

Collected variables were age, sex, Charlson index, admission service, length of stay, 30-day post-discharge ED visits, mortality, number of drugs, number of recommendations issued and accepted.
Results One hundred and ten CCPs were included in the ED, 56 males (50.9%), median age 86(35–101), median Charlson Index: 7(2–14).

103 (94%) patients were polymedicated and 74(67.3%) hyperpolymedicated. Median number of chronic drugs per patient was 11 (3–21).

Eighty-five (77.3%) were admitted, mean stay 8 days, at Internal Medicine 37 (43.5%).

Seventy-six (83.6%) completed the follow-up period, of which 17 (15.8%) returned to the ED and 6 (7.9%) were readmitted. Losses: Exitus:18; Palliative:8 ; Other: 8.

In the ED, 376 recommendations were made (mean 3.4/patients) and 91(24.2%) were accepted. At discharge 168 (mean 2.2/patient) and 54 (32.1%) were accepted. 95 errors were detected between the electronic prescription and the discharge report, 55 (57.9%) in the first evaluation.

Patient satisfaction with the project was 9.4 (7–10).

Conclusion and Relevance A high percentage of CCPs attending the ED were admitted. A quarter of the CCPs were readmitted or returned to the ED during the month of follow-up.

There is a decrease in the number of recommendations issued after the CCP's stay in the hospital, but there is greater acceptance of the discharge recommendations.

In more than half of the patients there are discrepancies between the treatment described in the discharge report and their electronic prescription, which is a safety problem.

Patients reported a high satisfaction level with the project.

REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of Interest No conflict of interest.

4CPS-167 USE OF STANDARD- AND HIGH-DOSE LIPOSOMAL AMPHOTERICIN B AND ITS RELATIONSHIP WITH HYPOMAGNESAEMIA

R Villaro-Otaño*, A Fernández-Ferreiro, M González-Barcia, F Cajade-Pascual, M Puente-Iglesias, Á Tena-Castro, I Zarra-Ferro. *Complejo Hospitalario Universitario De Santiago De Compostela, Hospital Pharmacist Service, Santiago De Compostela, Spain*

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Background and Importance Magnesium deficiency is mainly manifested in cardiac and neuromuscular disorders. Hypomagnesaemia has been described as a frequent adverse reaction associated with the intravenous administration of liposomal amphotericin B.
Aim and Objectives To compare associated hypomagnesaemia in patients with fungal infection receiving standard- versus high-dose of liposomal amphotericin B.
Material and Methods One-year retrospective observational study including patients who received liposomal amphotericin B for at least 5 days. The variables collected were age, sex, mean dose, duration of treatment, serum magnesium and need for magnesium supplementation. Patients were divided into two groups: standard doses (≤ 3 mg/kg/day) and high doses (> 3 mg/kg/day). The change in magnesium at the beginning and the end of the period studied in each of the groups was analysed.
Results A total of 31 patients (38% women) with a mean age of 60±13 years were included. The baseline magnesium value of the patients who started treatment was 1.95±0.34 mg/dl, with only two patients being below the physiological range (1.6–2.4 mg/dl).

In the standard dose group, 11 patients (35%) were included with a mean dose of 1.63±0.84 mg/kg/day and a mean duration of 22±10 days. At five days, no patient was below the physiological range, although magnesium decreased by an average of 0.076 mg/dl (4% with respect to baseline). This meant that 45% of the patients had to be supplemented with intravenous magnesium. In the high-dose group, 20 patients (64%) were included, who received a mean dose of 4.88±0.91 mg/kg/day for a mean of 17±10 days. On the fifth day, 20% of the patients showed levels below the physiological range of magnesium. Furthermore, the mean decrease in this group was 0.195 mg/dl (10%), with 65% requiring exogenous supplementation. There are statistically significant differences ($p<0.05$) showing that a greater decrease in serum magnesium levels is associated with high-dose amphotericin.
Conclusion and Relevance Real-life data show a greater decrease in serum magnesium with high doses of liposomal