to capture and resolve DRPs identified in ICU. The PCNE V9.1 classification provides extensive categories of DRPs. Evaluation of impact of PIs in preventing a pADE is conducted using an established score[1]. The pADE score reflects the likelihood of an ADE occurring in the absence of a PI. The developed data collection tool was validated by an expert panel made up of three clinical pharmacists practising in ICU and a consultant intensivist. The expert panel assessed the tool for face and content validity and practicality in ICU setting. Subsequently, the tool was piloted in ICU for 10 days.

Results The data collection tool consists of seven sections namely patient demographics with details about pertinent laboratory results, description of DRP and PI, classification of DRP and PI, outcome of PI, and categorisation of medications involved. The final section of the tool relates to evaluation of PI in relation to prevention of a pADE and contains five categories, zero to high, which correspond to the probability of a pADE occurring if the pharmacist had not intervened. Examples from literature are presented for each pADE category to assist with the evaluation of PIs. Following validation and pilot testing, four sections were amended to better adapt the tool to ICU setting.

Conclusion and Relevance The development of such a data collection tool is important to standardise the classification of DRPs and interventions recommended by pharmacists in ICU. The tool contributes to data demonstrating value of pharmacist interventions on patient outcomes.

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Conflict of Interest No conflict of interest.

4CPS-204 MONITORING OF LINEZOLID IN HAEMODIALYSIS: A CLINICAL CASE

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Background and Importance The Antimicrobial Therapy Guidelines recommend the conventional dosage of linezolid (600 mg every 12 hours) for patients on haemodialysis (HD). Linezolid dialyzes 40% by HD.

Aim and Objectives Monitoring plasma concentrations of linezolid in a patient on HD.

Material and Methods A 63-year-old man with a history of bypass with saphenous vein and stage-4 of chronic kidney disease on an HD programme, was admitted to the intensive care unit (ICU) for septic shock due to an ischiorectal abscess.

Enterococcus faecium sensitive to linezolid (MIC 2) was isolated from the abscess culture and linezolid treatment (600 mg every 12 hours) was started. During his stay at the ICU, he underwent daily continuous haemodiafiltration.

After that, he was transferred to the ward where he underwent three conventional high flow HD sessions per week.

Upon arrival at the ward, we were asked to monitor linezolid levels due to probable toxicity associated with a decrease in platelets (196,000/mcl at that moment vs. 441,000/mcl prior to linezolid).

Results After 12 days of linezolid treatment, a trough level of 12.6 mcg/ml was obtained (range 2 – 7 mcg/ml). We recommended to discontinue the linezolid treatment and to measure the trough level again the next day before and after HD. The levels found were 6.71 and 1.26 mcg/ml respectively (HD elimination rate of 81.22%). Thus, we advised to restart with a dosage of 600 mg every 24 hours that same night.

During the following days, we recommended to continue with the same dosage guided by pre- and post-HD levels. The platelet count increased progressively after establishing levels within the therapeutic range.

Abstract 4CPS-204 Table 1

Linezolid days	Pre-HD level (mcg/ml)	Post-HD level (mcg/ml)	HD elimination rate (%)
13	1.26	6.71	81.22
15	1.39	5.95	76.64
23	2.06	7.14	71.15
25	2.04	8.32	75.48

Conclusion and Relevance This clinical case demonstrates that there may be patients undergoing HD who have toxic levels of linezolid with the standard dosage. In these cases, there is a need to monitor and adjust the dose.

We have also observed that the HD elimination in this patient differs from the value reported by the Antimicrobial Therapy Guidelines probably due to the different type of HD membrane.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-205 RESULTS OF ANTIBIOTIC PROPHYLAXIS IN ACUTE BRONCHO ASPIRATION PNEUMONITIS

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Background and Importance The use of antibiotics in acute bronchial aspiration is common, although there is little evidence that it provides benefits, and it exposes patients to increased microbiological resistance and the appearance of side effects from the use of antibiotics.

Aim and Objectives Compare mortality, change of ventilation modality, ICU admission and hospital stay of patients with aspiration who receive prophylactic antibiotic therapy, with patients who do not receive antibiotics.

Material and Methods Retrospective descriptive observational study of patients with acute bronchial aspiration (January 2022 to March/2023). Demographic and clinical data were collected from the patient's medical history; and medication-related information from the electronic prescription software available in the hospital.

Results 267 patients (50.6% women). Average 81.62 years. Services: Emergencies (75.7%), Internal (12.4%). Charlson index 6.10 (SD 2.73). Risk of bronchial aspiration in 71 patients (26.6%). 231 (86.5%) antibiotic, 36 (13.5%)

without antibiotic. Amoxicillin-clavulanic acid was most commonly used (59.2%). Antibiotic treatment duration 6.64 days (SD 4.40). Seven complications secondary to antibiotics. Antibiotic indicated in 28 patients (10.5%). 30 patients (11.2%) changed ventilatory modality, 21 patients (7.9%) were admitted to the ICU. 97 patients (36.3%) died (days until death 5.75 days), of which 75 (77.1%) received antibiotics.

Conclusion and Relevance Prophylactic antibiotics during acute aspiration do not reduce mortality or the need for ICU admission, but rather increase the need to change ventilation modality. The hospital stay in prophylactic antibiotic therapy is longer compared to patients who do not receive antibiotics.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-206 PRE-EXPOSURE PROPHYLAXIS, ARE WE DOING IT RIGHT?

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Background and Importance The United Nations General Assembly established that a fast response was required to end AIDS epidemics by 2030. Pre-exposure prophylaxis (PrEP) involves reducing the risk of acquiring HIV. However, a main apprehension exists with regard to risk compensation, concerning that PrEP decreases the condom use and increases sexually transmitted infections (STI). Similarly, to the aforementioned goal, by 2030, the WHO's proposed a 90% reduction in the syphilis and gonorrhoea incidence. Regarding PrEPs increasing use, it is important to assess our standpoint and how to improve.

Aim and Objectives Characterise and assess the PrEP using population regarding demographics, adherence, STI prevalence and HIV infection.

Material and Methods Retrospective study of PrEP prescribed patients, between 2017–2022 (minimum 6-month period intake). Population characteristics, post-exposure prophylaxis history (PEP), PrEP regimen, adherence, therapeutic suspension and their causes, seroconversion and STIs (chlamydia, syphilis, gonorrhoea, trichomoniasis, Mycoplasma genitallium), were analysed and confronted with our country's latest report of STI notification.

Results We analysed 392 patients (97% male; 91.7% male sex with male), with a medium age of 37 years, mainly from Portugal (52%) and Brazil (33.7%). Only 14.3% did PEP, meaning that 85.7% started PrEP straightaway. The majority (91.6%) were on a daily regimen. The STI prevalence was 73.4% (gonorrhoea 46.2% and chlamydia 38.3%). The Covid-19 pandemic had little effect on adherence, increasing PrEPs use (proportion days covered =82.8%). Only two patients tested positive for HIV. Suspension rate was 28.1% in which 50.5% of causes were traceable (four patients due to adverse effects).

Conclusion and Relevance PrEP demonstrated high tolerability and efficacy but had a big prevalence of STIs among PrEP users. Between 2015–2017 nationwide, 4819 cases of chlamydia, gonorrhoea, and syphilis were reported, comparing to 463 patients of a regional hospital, even acknowledging a wider period. Access difficulties might be the cause of high suspension rate, despite free supply. Hospitals are assuming an increasing burden of costs, leading to monthly supply of increasing patients, investing in HIV prevention but promoting STIs. We can engage with prescribers to start pharmaceutical appointments to promote behavioural changes concerning STIs and to educate for the need of maintaining PReP adherence. Simultaneously, we can give educational materials and health lectures.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-207 EVALUATION OF PROSTATIC SPECIFIC ANTIGEN DEPLETION WITH ABIRATERONE AS A PRONOSTATIVE FACTOR FOR SURVIVAL IN METASTATIC CASTRATION-SENSITIVE PROSTATE CANCER

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Background and Importance In the literature, there is an indicator of response to treatment with enzalutamide and apalutamide, defined as PSA90, for patients with metastatic castration-sensitive prostate cancer (mCSPC). However, no early response marker to abiraterone treatment in the setting of synchronous mCSPC has been described.

Aim and Objectives The aim was to analyse the deep prostatic specific antigen (PSA) response in patients with mCSPC treated with abiraterone.

Material and Methods Retrospective analysis of patients with metastatic mCSPC treated with abiraterone according to the LATITUDE clinical trial criteria (2 of 3 criteria: bone metastases $\geq$3, Gleason score $\geq$8 or presence of visceral metastases), in our centre from September 2017 to January 2023. Data collected for each patient were: age, PSA at baseline (PSA0), percentage of PSA decline after 14±7 days since the start of abiraterone treatment (%PSA), Gleason score at baseline (GS), type of metastases, event (defined as progression or death) and progression-free survival (PFS). Receiver operating characteristic (ROC) curve was used to evaluate the optimal PSA cut-off point to identify a greater possibility of response. Event-time distributions were estimated using Kaplan-Meier methodology. Log-rank tests were used to test for differences in event-time distributions. All p-values are 2-sided and CIs are at the 95% level, with significance pre-defined to be at the 0.05 level.

Results Data from 41 patients were analysed, of which there was no biochemical response in five of them. Table 1 shows the median and standard deviation of the variables analysed.

Abstract 4CPS-207 Table 1

Age	**69 ± 7,5 years**
PSA0	3,67 ± 566,8 ng/mL
%PSA	47,7 ± 24,32%