	Starting dose	After TDM	p>0.05
Total dose (mg)	1225 (1000–1500)	1250 (1200–1500)	
Dose adjusted for total weight (mg/kg)	14.7 (11.8–18.3)	14.7 (12.5–17.1)	
Dose adjusted for ideal weight (mg/kg)	19 (15.3–22.8)	19 (17.6–22.2)	

Cmax (mg/L)	48.3 (45.9–50.9)
Cmin (mg/L)	0.19 (0.03–0.61)
AUC (mg·h/L)	235 (191–271)
Cmax/MIC	12.1 (11.5–12.7)
AUC0–24/MIC	58.7 (47.7–67.9)

Due to TDM, 100% of patients reached the therapeutic objective according to the Cmax/MIC index, although the percentage was reduced to 17% when the PK/PD index of efficacy was AUC0–24/MIC ratio (concordance index kappa=0.275; p≤0.05). To achieve the AUC0–24/MIC target, the required dose was estimated to be 1760 mg (1300–2270) (p=<0.05).

Conclusion and Relevance No correlation between the PK/PD Cmax/CMI and AUC0–24/MIC indices was observed. To achieve the AUC0–24/MIC target, a significant dose increase is necessary compared to the doses required for Cmax/MIC.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-210 HOME INFUSION CHEMOTHERAPY TREATMENT FOR PATIENTS WITH MALIGNANT HAEMATOLOGICAL DISORDERS

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Background and Importance Home-based chemotherapy is becoming a valid alternative to hospital-based treatment for patients with malignant haematological disorders.

Aim and Objectives To evaluate the benefits of implementing a home infusion chemotherapy treatment for patients with malignant haematological disorders.

Material and Methods Prospective observational study from February 2016 to September 2023 in a tertiary hospital. The haematologist selected patients with autonomy for self-care and good family support. The chemotherapy protocols administered at home were: ESHAP: Etoposide 40 mg/m^2 IV over 2 h days 1 to 4 – Cytarabine 2000 mg/m^{2}IV over 2 h on day 5 – Cisplatin 25 mg/m^2 in 22 h continuous IV infusion days 1 to 4 – Prednisone 60 mg/m^2 oral days 1 to 5, DHAOx: Oxaliplatin 130 mg/m^2 IV over 2h day 1- Cytarabine 2000mg/m^2/12h IV in 2h day 2 – Dexamethasone 40mg oral days 1 to 4 and EPOCH: Etoposide 50 mg/m^2+Doxorubicine 10mg/m^2+Vincristine 0, 4 mg/m^2 continuous IV infusion 24h days 1–4, cyclophosphamide 750mg/m^2 IV day 5, Prednisone 60mg/m^2 oral days 1 to 5. Patients were infused at home using an elastomeric infuser. Home treatment was prepared individually by the pharmacist.

Results Home infusion chemotherapy treatment was performed in 46 patients. 43,4% with non-Hodgkin's lymphoma received ESHAP in second-line, with a median age of 51 years, and 32,6% with mantle cell lymphoma received DHAOX in first-line with a median age of 46 years and 23,9% with aggressive non-Hodgkin's lymphoma were treated with EPOCH in first-line with median age 42 years. This allowed an optimisation of waiting lists by 90%, treating more patients requiring admission to the inpatient ward with less delay. Acceptance of the procedure increased in 92% of patients. The risk of infection by nosocomial microorganisms was reduced. A saving of 2500 euros per patient was achieved. 95% of patients said they were very satisfied receiving their chemotherapy treatment, being more comfortable.

Conclusion and Relevance Home Infusion Chemotherapy Treatment for ESHAP, DHAOX and EPOCH has been an effective, safe and feasible process. It has managed to avoid hospitalisation of haemato-oncology patients receiving IV chemotherapy, saving hospital stays, reducing nosocomial infections and improving quality of life.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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Conflict of Interest No conflict of interest.

4CPS-211 ANALYSIS OF THE PRESCRIPTION OF VITAMIN D SUPPLEMENTS IN A SOCIAL HEALTH CENTRE

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Background and Importance According to the recommendations for the appropriate use of vitamin D tests and supplements in the general population published in 2021, several bulletins have been published as support tools in routine practice, the analysis carried out being variable.

Aim and Objectives Study of the consumption and prescriptions of vitamin D supplements alone in a social health centre.

Material and Methods Observational, retrospective study of the consumption of vitamin D supplements and cross-sectional analysis of current prescriptions for external intake of vitamin D. All patients institutionalised were included. The variables collected were: age, sex, posology of vitamin D, levels and whether they had: bone, kidney or both pathologies. The data were obtained from the inpatient management program and the computerised clinical history. For the analysis, we used the laboratory analytical parameters as a reference: deficiency (<10ng/dL), insufficiency (10–30 ng/dL), sufficiency (30–100 ng/dL) and toxicity (>100 ng/dL).

Results 300 residents were reviewed, of which 43.67% (131/300) were prescribed vitamin D, 32 men and 99 women, with a mean age of 84.4 years [52–102]. The distribution by posology was: monthly in 70.23% (92/131) residents, biweekly in 25.95% (34/131) residents, with the weekly regimen and every 10 days in 1.53% (2/131) residents, respectively and every 21 days only 0.76% (1/131) residents. According to laboratory data, 12 of them had deficiency (<10 ng/dL), 90 had insufficiency (10 ng/dL-30 ng/dL) and 27 had sufficiency (30