

**Conclusion and Relevance** Both molecules offer highly positive long-term results, particularly valued by patients with plaque psoriasis, although guselkumab seems to maintain a slightly greater full clearance.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

Artificial intelligence tool utilised to translate texts.

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

#### 4CPS-218 OPIOID PRESCRIBING FOR ACUTE NON-CANCER PAIN, POST-OPERATIVE PAIN AND POST-PROCEDURE PAIN BY SURGICAL TEAMS AT A TERTIARY HOSPITAL: 1-DAY AUDIT

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**Background and Importance** In Ireland, numbers of prescribed opioids are increasing yearly, out of proportion to population increase<sup>1</sup>. Acute hospitals are a major source of initial opioid prescriptions into communities<sup>2</sup>. The Health Service Executive (HSE) has published opioid prescribing guidelines for the management of acute non-cancer pain, post-operative pain and post-procedure pain, specifically addressing the use of slow-release opioids, duration of prescription and avoidance of diversion following discharge<sup>3</sup>.

At our hospital, there is no standardised approach to opioid prescribing in this population. A baseline point prevalence survey (PPS) of opioid prescribing in this population by surgical teams was conducted.

**Aim and Objectives** • To characterise opioid prescribing for acute non-cancer pain, post-operative pain and post-procedure pain in a tertiary healthcare setting

• To inform local policy development on appropriate opioid use.

**Material and Methods** The PPS took place on a single day in May 2023. Approval to conduct the survey was sought from the hospital Quality and Patient Safety Dept. All adult patients admitted to our hospital under a surgical team were included. The inpatient medication prescription record and medical notes for each patient were reviewed by a clinical pharmacist. Opioid prescription details were recorded on a data collection form hosted on Microsoft Forms.

#### Results

- 72% of study population (n=205) were prescribed an opioid; total of 224 opioid prescriptions
- Most common indication, 43%, was acute postoperative pain (97/224)
- 27% (61/224) of prescriptions were for slow-release formulations
- 30% (67/224) of opioid prescriptions were prescribed for > 1 week
- 97% (218/224) of opioid prescriptions were commenced during the current admission
- Figures 1 & 2 respectively, summarise the opioid agent and formulation prescribed.

**Conclusion and Relevance** This 1-day snapshot audit has presented several areas for improvement at our hospital, specifically the use of slow-release opioids, treatment duration and discharge prescription. Several quality improvement initiatives are being initiated as part of a wider opioid stewardship

programme in line with the HSE National Clinical Programme for Anaesthesia.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

1. HSE PCRS Data Sources. Annual reports. <https://www.ssprcs.ie/portal/annual-reporting>
2. US National Survey on Drug Use and Health. <https://www.samhsa.gov/data/sites/default/files/cbhsqreports/NSDUHMethodsSummDefs2018/NSDUHMethodsSumm-Defs2018.htm>
3. HSE National Clinical Programme for Anaesthesia. Guidance for Opioid Prescribing for Acute Non-cancer Pain, Post-operative Pain and Post-procedure Pain, 2022.

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

#### 4CPS-219 BEYOND THE EXPECTED: THE ENHANCED DETECTION OF DRUG RELATED PROBLEMS, THE MOST OF A PHARMACEUTICAL DECISION SUPPORT SYSTEM

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**Background and Importance** The EAHP statement integrates pharmaceutical analysis into our practices mentioning that all prescriptions should be reviewed and validated as soon as possible by a pharmacist.

However this practice is highly variable. Reviewing all prescriptions as soon as possible by a pharmacist and detecting drug-related problems remains a challenge.

Pharmaceutical decision support systems (PDSS) are associated with the decrease of adverse drug events and the improvement of prescribing practices.

Our PDSS works on the patient's data, modelled situations and PharmaClass® (Keenturtle – F) in real time.

**Aim and objectives** This study aims to present pharmacists' ability to detect drug-related problems (DRP) in usual care by using a PDSS.

**Material and Methods** An observational prospective study has been ongoing from November 2019 to June 2023 in two facilities (1600 beds). PDSS is applied in addition to standard care.

Up to a maximum of 201 modelled situations were integrated in the PDSS.

A DRP resolution strategy structure the pharmaceutical analysis of DRPs. It is the support of the human supervision of the PDSS.

Data collected are the number alerts analysed, DRPs, PIs and accepted PIs.

Data analysis is performed by using Pandas library in Python.

**Results** The data are collected during 663 non-consecutive days.

On 14331 alerts 3157 were technical false positives (22.0%) and 3821 situations do not correspond to a DRP (26.7%).

DRP detection is performed for 7,353 situations by the pharmacists using the PDSS (51.3% of analysed alerts).

5,062 DRP (68.9% of all DRP detected) required a pharmacist's intervention that analyses the alert.

For 2648 of them a pharmacist had missed the identification of the DRP during his analysis.