surgery and radiotherapy. The patient began entrectinib after
tumour NTRK fusion tested positive.

Material and Methods Diagnostic and follow-up tests and ther-
apy were obtained by the review of medical records.

Foundation One NTRK fusion-positive tumour

Cardiac stress magnetic resonance imaging (MRI) with
adenosine: Subclinical cardiotoxicity.

Results A 50 year-old female patient with a primary central
neurocytoma. She received surgery as primary treatment in
July 2020. After radiographic response and progression
shortly, she was treated with adjuvant radiotherapy.

The tumour was tested for genetic mutations establishing a
NTRK fusion-positive. Entrectinib treatment was authorized
under compassionate use. The patient started treatment in
March 2021 at the full 600 mg daily dose.

After 1 month of treatment, the patient developed electro-
cardiogram and cardiac MRI alterations. She was diagnosed of
subclinical cardiotoxicity grade 2 associated with entrectinib,
given the temporal match. Dose was reduced to 400 mg daily
and the patient was started on bisoprolol. In January 2022,
MRI confirmed complete response. However, the patient was
assessed by the neurologist and psychiatrist due to greater cog-
nitive impairment and delusions. Duloxetine was started. In
addition, entrectinib dose was reduced to 200 mg daily. In
July 2022, entrectinib treatment was stopped and close follow-
up was started. She experienced progressive neurologic
improvement and less anxiety and depressive symptoms. In
September 2022, MRI showed stable disease and after cardiol-
gist and psychiatric evaluation, duloxetine and bisoprolol
were withdrawn from treatment. In December 2022, clinical
and radiologic stability were observed. Therefore, entrectinib
was restarted at 200 mg daily with good tolerance until at
least, today (October 2023).

Conclusion and Relevance Entrectinib has been shown to be
active against those gene fusions in a primary CNS disease.
However, it is still associated with moderate adverse events
that require mandatory pharmacovigilance in our pharmacist
daily practice.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

5PSQ-029
THE OVERRIDDING OF DRUG SAFETY ALERTS FIRED BY
THE CLINICAL DECISION SUPPORT TOOL: EVALUATION
OF APPROPRIATE RESPONSES AND ALERT FATIGUE
SOLUTIONS

A Ansaf*, K Alkogami, AF Alwadie, AM Alzahrani, AM Alshehri, K Al-Harbi,
D Asraf. Ministry of National Guard, Pharmaceutical Care Services, Jeddah, Saudi Arabia

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Background and Importance Most CPOE software come with
clinical decision support (CDS) that assist prescribers and
notify them about adverse drug reactions that play an impor-
tant role in reducing medication errors and enhancing patient
safety. An excessive number of alerts in a repeated and non-
relevant manner leads to alert fatigue and enforces physicians
and pharmacists to alert overrides.

Aim and Objectives Our primary objective was to determine
which alerts are overridden and their association with an
appropriate action. To assess the appropriate responses for red
alerts (pDDI, overdose, and allergy). Our second objective was
to decrease the number of unnecessary red alerts.

Material and Methods The study was a retrospective chart
review carried out in the inpatient setting that included all
red alerts that required comments and were overridden by a
physician and pharmacist.

Results In this retrospective study, we determined which alerts
are clinically irrelevant and need modifications. We found that
more than half of the alerts were pDDI, and the drug allergy
alerts had the most appropriate responses by both prescribers
and pharmacists when compared to other alert classes (OR =
1.65, OR = 1.54, respectively; p < 0.05). For diminishing the
unnecessary alerts, we provided 14 alert refinement strat-
egies and advised turning off four alerts. Applying this will
terminate 32% of irrelevant alerts.

Conclusion and Relevance In this retrospective study, we
described which alerts are clinically irrelevant and need modi-
fications. We found that more than half of the alerts were
pDDI, and the drug allergy alerts had the most appropriate
responses by both prescribers and pharmacists when compared
to other alert classes (OR = 1.65, OR = 1.54, respectively; p
< 0.05). We anticipate that our recommendations can lead to
consistent and clinically relevant content for interruptive
DDIs, and thus decline alert fatigue and enhance patient
safety.

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. Sutton RT, Pincock D, Baumgart DC, Sadowski DC, Fedorak RN, Kroeker KL. NPJ
Digit Med. 2020;3:17. 10.1038/s41746-020-0221-y
2. Helmers PJ, Sluijterbuijk BD, Nannan Panday PV, Kosterink JG. J Am Med Inform
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5PSQ-030
CONCORDANCE OF MEDICATION PRESCRIPTION
RECORDS IN THE HOSPITALISED SURGICAL PATIENT

O Guillen Martinez, M Rodriguez Morote, MJ Lucas Mayol, C Matoses Chivirlea, S Gutierrez
Palomo, A Navarro Ruiz*. Hospital General Universitario de Elche, Servicio de Farmacia,
Elche, Spain

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Background and Importance Electronic prescriptions allow
pharmacists to communicate with the rest of the multidiscipli-
ary team, facilitate pharmacotherapeutic monitoring.

Aim and Objectives Assess the reliability of electronic prescrip-
tion by analysing concordance, the presence or absence of dis-
crepancy, by studying the active medication in these
prescriptions and the pharmacist’s interview with the patient
and/or caregiver.

Material and Methods Retrospective observational study carried
out in a third-level general hospital. During a period of 12
months, all patients belonging to the Traumatology, Urology
and Neurosurgery Service in whom the responsible physician
indicated medication reconciliation by the Pharmacy Service
were included. Demographic variables (sex, age), pharmaco-
therapeutic variables (treatment lines reviewed, total number
of drugs (F) prescribed and not prescribed, cause of discord-
ance (F prescribed but the patient is not on current treatment,
changes in dosage), occasional consumption, F not prescribed),
presence or not of polypharmacy (5 or > medications), major-
ity ATC classification of discordant drugs).
Results 378 patients were analysed, 169 men (44.7%) and 209 women (55.3%), with a mean age of 69 years [11.8] and 71 years [11.6], respectively. It was observed that 60.6% of patients presented at least one discrepancy in the treatment reflected in the electronic prescription. The pharmacist reviewed 2426 prescribed lines of treatment and 401 discordant drugs were detected: 98 (24.5%) drugs not prescribed, 187 (47%) drugs prescribed but that the patient does not take, 75 (18.5%) drugs with changes in the dosage regimen not reflected in the prescription, 41 (10%) drugs with occasional consumption. The presence or absence of polypharmacy was evaluated stratified by sex: 110 men (65%) and 130 women (62%). In turn, age ranges were established, observing the presence of polypharmacy in the population of 61–80 years with an average of six drugs and 81–100 years with an average of eight drugs. Finally, it was studied that the majority ATC group of drugs that the patient did not take despite being prescribed, was group N, highlighting benzodiazepines, antidepressants and antiepileptics. The majority of ATC group of drugs not prescribed but that the patient did take were group A, highlighting proton pump inhibitors, vitamin D, calcium and magnesium; and group C, mostly statins, angiotensin II receptor antagonists, ACE inhibitors and beta blockers.

Conclusion and Relevance In view of the results obtained and the high percentage of patients (60.6%) in whom a discrepancy is found in the electronic prescription, it would be advisable to extrapolate the pharmaceutical action carried out in the Traumatology, Urology and Neurosurgery services to all the hospital’s clinical services in order to avoid possible medication errors and adverse effects.

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

5PSQ-031 ASSESSING HEALTHCARE PROFESSIONALS’ VIEWS ON DEPRESCRIPTION
1G Romero Candel*, 1FM Mata, 1GD Mercedes, 2CS Juan Manuel. 1Hospital Hellin, Farmacia, Albacete, Spain; 2Hospital de Hellin, Albacete, Albacete, Spain
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Background and Importance Given the high prevalence of potentially inappropriate medication, deprescribing emerges as a safe and structured approach to drug withdrawal. Our goal was to assess knowledge and perception regarding deprescribing, recognising its significance in enhancing clinical practice.

Aim and Objectives The main objective was to assess healthcare professionals’ understanding and attitudes towards deprescribing, aiming to reduce inappropriate medication use. Specific objectives encompass evaluating awareness levels, identifying perceived benefits, and assessing factors influencing deprescribing practices.

Material and Methods An observational cross-sectional study was conducted using an adapted survey based on the PACDP-12 tool, targeting medical and pharmaceutical professionals within a regional healthcare area. The survey comprised 12 questions categorised into attitudes, challenges, and facilitators associated with deprescribing. A mixed methodology was utilised, incorporating multiple-choice and Likert-type questions to comprehensively capture participants’ perspectives.

Results The search results present a survey conducted among 181 healthcare professionals, primarily physicians, to inquire about their knowledge and opinions regarding deprescribing. The majority of respondents (86.7%) were physicians, and a majority worked in an urban setting (81%). 79% of respondents stated familiarity with the term ‘deprescribing,’ and 68.5% strongly agreed on its benefits in the current scenario. Key motivations for deprescribing a medication included mitigating harm from adverse effects (79%) and reducing the patient’s therapeutic burden (60%). A significant portion (58%) concurred that deprescribing should be a priority in daily practice. Common barriers to deprescribing were limited time for addressing deprescription (73.5%) and resistance or reluctance from the patient or their family (55%). Overall, the majority of respondents agreed that deprescribing is beneficial and should be a priority in daily practice.

Conclusion and Relevance Health professionals recognise the importance of deprescribing and accept it, although they face practical challenges. The need for educational programmes and strategies to overcome barriers and effectively promote deprescription is emphasised.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

5PSQ-032 USE OF THE ‘PRECAUTIONARY ANNULMENTS’ TOOL BY A HOSPITAL PHARMACY SERVICE
M Rodríguez Jorge, R Serrano Giménez, T Blanco Espeso, M Florido Francisco*. HOSPITAL JUAN RAMÓN JIMÉNEZ, PHARMACY DEPARTMENT, HUELVA, SPAIN
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Background and Importance The main objective of precautionary annulments (PA) is to contribute to patient safety, preventing dispensing of erroneous medicines at the outpatient pharmacy level. This is a new tool carried out by both hospital and primary care pharmacists.

Aim and Objectives To analyse the different PA conducted by hospital pharmacists, and to evaluate their degree of acceptance by doctors.

Material and Methods This is a prospective study, carried out from May to September 2023. All patients in whom a PA was carried out, either during a hospital admission or by proactively obtaining the information through the ‘Microstrategy’ database, were included.

Variables collected age, sex, therapeutic group of the drug and prescribing service.

The PA were distinguished according to whether they were therapeutic duplications, dosing errors, or inappropriate medication prescription. Finally, the degree of acceptance by the physicians was measured.

Data obtained through the e-prescription module, digital medical record and through the ‘Microstrategy’ database.

Results A total of 38 patients were included (with one PA each), 60.5% were women (n=23), with a median age of 56 years (IQR=69–41).

In terms of therapeutic group, the highest percentage of PA was in the group of anti-rheumatics (28.9%), followed by anti-ulcers (18.5%), anti-osteoarthritis (15.9%) and anti-diabetics (10.5%). Other drugs cancelled were: vitamins (5.3%), anti-anginal drugs (5.3%), anti-anaemics (2.6%), anti-asthmatics (2.6%), antipsychotics (2.6%), antihypertensives (2.6%),...