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5PSQ-031 ABSTRACT WITHDRAWN

5PSQ-032 USE OF THE 'PRECAUTIONARY ANNULMENTS' TOOL BY A HOSPITAL PHARMACY SERVICE

M Rodriguez Jorge, R Serrano Giménez, T Blanco Espeso, M Florido Francisco*. *HOSPITAL JUAN RAMÓN JIMÉNEZ, PHARMACY DEPARTMENT, HUELVA, SPAIN*

10.1136/ejhpharm-2024-eahp.366

Background and Importance The main objective of precautionary annulments (PA) is to contribute to patient safety, preventing dispensing of erroneous medications 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-osteoporosis (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%),

pancreatic deficiency substitutes (2.6%), and medical devices (2.6%).

The prescribers were primary care physicians (39.5%), rheumatologists (13.2%), gastroenterologists (10.5%), gynaecologists (10.5%), internists (8%), paediatricians (5.3%), rehabilitators (2.6%), cardiologists (2.6%), psychiatrists (2.6%), oncologists (2.6%) and vascular physicians (2.6%).

In the anti-rheumatics group (n=11), the drug discontinued in all of them was methotrexate. Of all the PA in this group, six had not yet been renewed by the prescribing physician, so the patient is currently unable to take the treatment.

Regarding the type of error that led to the PA, 65.8% were due to dosage errors; 26.3% to therapeutic duplications and 7.9% to inappropriate prescribing.

Of all the PA made, only 39.5% were accepted by the prescribing physician; the rest were discontinued because the cancellation period had expired without response.

Conclusion and Relevance Although PA are intended to improve patient safety, it is important that they are well reviewed and accepted by the prescribing physician.

Of particular note are the PA carried out for methotrexate, a drug considered high-risk according to ISMP (Institute for Safe Medication Practices) Spain.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

5PSQ-033 ABSTRACT WITHDRAWN

5PSQ-034 COMPARISON OF TOXICITY IN CLINICAL PRACTICE OF ANTI-PD-1/PD-L1 ANTIBODIES IN MONOTHERAPY IN NON-SMALL-CELL LUNG CANCER

[1]I Patier*, [2]AC Cercos-Lleti. [1]*Hospital Universitario de San Jorge, Pharmacy, Huesca, Spain*; [2]*Hospital Clínico Universitario, Pharmacy, Valencia, Spain*

10.1136/ejhpharm-2024-eahp.368

Background and Importance The leading cause of cancer-related death remains lung cancer. Anti PD-1/PD-L1 antibodies exhibit unique immune-related adverse events (IrAEs). The assessment and comparison of different safety profiles in real clinical practice at our centres are necessary.

Aim and Objectives Evaluation and comparison of the safety in routine clinical practice of anti-PD-1/PD-L1 monoclonal antibodies (nivolumab, pembrolizumab and atezolizumab) used as monotherapy in the treatment of non-small cell-lung cancer (NSCLC).

Material and Methods Retrospective observational study that included patients with NSCLC treated with anti-PD-1/PD-L1 for 7 years in a third-level hospital. Demographic, clinical, treatment, and safety variables were collected. Data were obtained from the electronic medical record. Adverse effect (AE) incidences were calculated and compared between subgroups.

Results 44 patients were included, 18 with pembrolizumab, 17 with atezolizumab and 9 with nivolumab. 84.1% were men with stage IV in 88.6% of the cases. 70.5% had an ECOG Performance status between 0–1. All had negative mutations for targeted therapies and 75% had records of determination of PD-L1 expression, with 61.9% being high expressors (≥50%). The median duration of treatment was 108 (49.5–223.7) days. Regarding the toxicity analysis, 68.2% had a record of some AE, 70.7% grade 1–2 and 38.6% immune related. Regarding the different drugs, pembrolizumab