

idea of the benefit of having a pharmacist as part of the multidisciplinary team reviewing polymedicated patients to prioritise interventions in patients at highest risk of suffering adverse drug events.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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SYNDROME OF INAPPROPRIATE SECRETION OF ANTIURETIC HORMONE INDUCED BY ALPRAZOLAM: A CASE REPORT

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Background and Importance The correlation between psychotropic drugs and iatrogenic syndrome of inappropriate antidiuretic hormone secretion (SIADH) has been well documented. In regards to anxiolytics and hypnotic drugs, however, a recent expert consensus finds only low-level evidence supporting the relationship between benzodiazepines and SIADH. In this report we present a case of patient with diagnosed alprazolam-induced SIADH.

Aim and Objectives A 67 year-old woman was diagnosed with SIADH possibly induced by alprazolam benzodiazepine. The patient, with a long history of anxiety syndrome, was treated with alprazolam 0.25 mg 3 times daily for more than 10 years. The patient also suffered from Hashimoto's thyroiditis, pulmonary arterial hypertension, paroxysmal atrial fibrillation, mitral valvuloplasty, Gilbert's syndrome and underwent polypharmacy treatment with furosemide 25 mg, rivaroxaban 20 mg, bisoprolol 5 mg, ramipril 5 mg, amlodipine 20 mg, atorvastatin 10 mg and cholecalciferol 10.000 UI/ml.

Material and Methods In 2020, the patient attended the emergency department after syncope and diarrhoea. Blood tests revealed sodium levels of 126 mmol/L. Furosemide was immediately suspended and sodium with inulin supplementation was initiated. The subsequent follow-up tests excluded hypocorticism or thyroid dysfunction; copeptin and sodium and potassium excretion levels were all in range; all other possible causes were excluded. Due to the anxiety syndrome, benzodiazepine therapy was not discontinued but alprazolam was replaced with bromazepam 1.25 mg twice daily.

Results Since last check-ups, the patient has been presenting stable mild hyponatremia (around 130 mmol/L) and is continuing daily oral sodium and inulin supplementation. Periodic electrolyte tests and monitoring for symptoms such as confusion, psychomotor retardation, nausea or vomiting are recommended at every visit.

Conclusion and Relevance The patient presented in this case report was diagnosed with an alprazolam-induced SIADH after differential diagnosis. Risk factors known to potentially cause SIADH, such as age ≥ 60 years, female gender, polypharmacy and medical comorbidities, all present in the described patient, had to be taken into consideration for diagnosis. Benzodiazepine-induced SIADH could be considered in case of hyponatraemic patients presenting underlying risk factors and in the absence of other clinical causes.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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5PSQ-047

THE PERCEIVED IMPACT ON PATIENT SAFETY AND QUALITY OF CARE OF PHARMACEUTICAL TECHNICAL ASSISTANTS ON NURSING WARDS: A QUALITATIVE STUDY

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Background and Importance Staff shortages challenges hospital nurses to maintain high-quality medicine management. To support nurses, pharmaceutical technical assistants (PTAs) have been introduced on hospital wards to dispense medication. However, evidence is lacking regarding the impact of PTAs on the quality of care and patient safety.

Aim and Objectives This study explored nurses', PTAs' and pharmacists' experiences and perceptions regarding the implementation of PTAs to support medication dispensation on hospital wards. The process of implementation, role development, and impact on safety and quality of care were investigated to determine critical success factors and opportunities.

Material and Methods Semi-structured interviews with involved healthcare professionals were conducted (December 2022 to March 2023), audio recorded, and transcribed verbatim. Thematic analysis was performed.

Results Twenty-eight interviews were conducted with nine nurses, seven head nurses, 10 PTAs and two pharmacists on internal, surgical and geriatric hospital wards. Three main themes emerged: patient safety and quality of care, organisation of care, and role development and collaboration. Implementation of PTAs on hospital wards was perceived to a lower risk of medication errors without compromising care quality. Successful implementation requires a clear role description of PTAs and uniform communication procedure to improve medication safety and care quality, hospital wards must be structurally allocated to the same PTAs, for them to become part of the team. Being part of the team is considered an important aspect to ensure an optimal cooperation between nurses and PTAs. Nurses indicated that collaboration with PTAs challenged them in their role of supervising care and co-working in the team, but it resulted also in reduced workload for pharmaceutical care tasks. PTAs perceived their implementation on hospital wards as a welcome expansion of their role.

Conclusion and Relevance All participants were convinced that implementation of PTAs on hospital wards had a positive effect on nurses' workload, patient safety and quality of care. Organisational barriers mentioned were limited, yet, will help