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

Conflict of Interest No conflict of interest.

5PSQ-046 SYNDROME OF INAPPROPRIATE SECRETION OF ANTIDIURETIC 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

to further optimise processes and outcomes. In other European countries, PTAs are allowed to perform more tasks on hospital wards.

Critical success factors for the implementation include dedicated assignment of PTAs to hospital wards, clear role description and mutual expectations in the collaboration and communication between PTAs and nurses.

REFERENCES AND/OR ACKNOWLEDGEMENTS
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5PSQ-048 COST-SAVING IMPACT OF USING NUSINERSEN BY CLINICAL TRIALS FOR SPINAL MUSCULAR ATROPHY

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Background and Importance Nusinersen is an antisense oligonucleotide that increases the production of full-length, functional survival of motor neuron (SMN) protein. It was the first disease modifying therapy approved for Spinal Muscular Atrophy 5q (SMA). SMA is a progressive neuromuscular rare disease, however the cost of available treatments implies a high economic burden for the sanitary system.
Aim and Objectives To analyse the economic advantage of treating SMA in clinical trials (CT) with nusinersen provided by the sponsor.
Material and Methods Retrospective, observational, single-centre, multidisciplinary economic study calculating the cost-saving impact of the use of intrathecal nusinersen in CT between February 2021 and September 2023.

Clinical data was extracted from Farmis-Oncofarm® and pkEnsayos®, whereas economic data [Laboratory Purchase Price (LPP) without Value-Added Tax (VAT)] was obtained from Orion-Logis®.
The variables analysed were age, anthropometric data (basal weight), diagnosis, pharmacotherapeutic data (cycles received and administrations) and consumption data (preparations and avoided costs). The results were expressed as: percentage, and median with interquartile range (IQR).
Results Two active CT for SMA using nusinersen were selected to be included: a phase II/III trial, and the phase III extension. Seven patients were treated with nusinersen in both CT: 5 paediatric patients (71.4%) and 2 adults (28.6%). The median paediatric age and weight were 2.8 years [IQR 2.5–7.4] and 10.0 kg [IQR 6.5–23.0], respectively. The adults' median age and weight were respectively 34.8 years (31.4 y 38.1) and 78.5 kg (48.0 y 109.0).

A total of 53 drug preparations were made, with a median of nine per patient [IQR 5–9], that resulted in a total consumption of 1,394 mg (178 mg per patient [IQR 162–240]). The global cost-saving was 5,148,443.7 €, that represents annually an economic impact of 2,067,648.1 €.

The median treatment cost avoided per CT and patient were 2,574,221.9 € (2,415,410.5 y 2,733,033.3) and 598,312.7 € [IQR 3,871.3- 88,639.2], respectively.
Conclusion and Relevance SMA is considered one of the world's most expensive treatment disease, and nusinersen is the standard of care. The promotion to participate in SMA CT allows access to innovative treatments for patients and hospitals with the aim of reducing the large underlying budgetary burden.

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5PSQ-049 MEDICATION PRESCRIBING ERRORS PROSPECTIVE OBSERVATIONAL STUDY IN AN INTENSIVE CARE UNIT

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Background and Importance Prescribing errors (PE) are an important cause of medication-related adverse events in Intensive Care Units (ICU) but limited data are available in ICU with electronic prescribing and administration (ePA) systems.
Aim and Objectives To determine the rate of PE in an ICU with ePA system, to classify incident types and to identify critical points where measures should be implemented to improve patient safety.
Material and Methods Prospective, observational and cross-sectional study in an ICU with ePA system during five working days (november 2021). The inclusion criteria were ICU inpatients with an electronic prescription. Prescriptions were recollected and analysed by a multidisciplinary team comprised of a pharmacist, an ICU physician, a nurse and the person in charge of the hospital's Medication Errors Committee. PE were reported to the hospital's patient safety-related incident notification system.
Results 30 patient prescriptions, with 441 medications prescribed, were revised during the study period. The patients' average age was 60.7 ± (SD=13.2) years and each prescription had an average of 14.7 medications. PE were reported in 31 cases and two situations with the capacity to cause errors were detected. The rate of PE was 1.03 errors per patient, 0.07 per prescribed medication and 53% of patient prescriptions were PE free. The most common types of PE were wrong dose (33.3%), excessive duration (29.0%), drug not indicated by clinical situation (12.9%) and no administration prescribed medication (12.9%). Results were communicated to staff physicians and residents with recommendations to minimise them: enteral nutrition adjustment if a propofol treatment initiated or modified, use available protocols in ePA system, review and eliminate non-active treatments and be especially careful with care transitions.
Conclusion and Relevance This study has made it possible to identify the weak points of medication prescription in our ICU. The realisation of periodic PE studies allows us to establish the impact of the implemented actions and to define new objectives to improve patient safety.

REFERENCES AND/OR ACKNOWLEDGEMENTS
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