5PSQ-073 RISK SCORE FOR DRUG DISCREPANCY AND ADHERENCE IN CLINICAL TRIAL PATIENTS

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10.1136/ejhpharm-2024-eahp.407

Background and Importance The main challenge in clinical trials (CT) is to detect poor adherence to oral treatments which may influence on treatment effectiveness. Therefore, a tool is needed to help us stratify patients according to the risk of non-compliance.

Aim and Objectives To assess adherence in patients with oral experimental treatment and validate a predefined score to detect patients with poor or non-adherence.

Material and Methods An experimental, prospective, single-centre study was conducted, with mainly onco-haematologic patients, in a clinical trials unit of a tertiary hospital. A scoring was designed to detect non-adherence. Patients were stratified based on demographic information (age, native), clinical data (pathology, status) and trial characteristics (phase, protocol, complexity). All risk variables were at the same level and each received a 1-point score. Risk level of non-adherence was considered high (4–7), medium (3) and low (1–2). Patients were contacted by telephone to detect compliance discrepancies, patient concerns/questions in reference to the real adherence. The software used were SAP (clinical history), Fundanet (clinical trial platform), Excel (data collection form). The project was approved by Hospital's Ethics Committee.

Results Thirty-five patients were recruited from 1 July to 20 September 2023. The mean age of the patients was 63.4 years. The mean non-adherence score was 2.2 (±0.92). Nine out of 35 (25.7%) of the patients were on treatment with more than one drug at the same CT and 80% were on treatment with other drugs outside the clinical trial. 75% of the patients were accompanied by another person (family or partner) when starting treatment at the pharmacy´s clinical trial unit. The CT phases with the highest recruitment were: II (29.3%) and III (27.4%). In 95% of patients no concerns on drug administration were detected, with a 'real' adherence rate of 92%.

Conclusion and Relevance Clinical trial patients included in this study showed good adherence to the experimental treatment. However, a larger sample size might be needed to verify these results.

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Conflict of Interest No conflict of interest.

5PSQ-074 PHARMACEUTICAL INTERVENTIONS IN PAIN MANAGEMENT

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10.1136/ejhpharm-2024-eahp.408

Background and Importance Hospital pain protocol is a crucial element in improving patient's quality of life, as effective pain management not only alleviates suffering but also promotes recovery.

The involvement of the pharmacist through pharmaceutical interventions (PIs) facilitates the implementation of the pain protocol.

Aim and Objectives To describe and analyse PIs associated with analgesic medications in accordance with the institutional pain protocol for patients admitted to a secondary level hospital.

Material and Methods An observational, descriptive and retrospective study that analyse PIs conducted with the Computerized Physician Order Entry (CPOE) Silicon® during the validation of prescriptions containing analgesics in hospitalised patients from January to December 2022.

Results 455 PIs were recorded with 64% of them involving surgical patients. The most common type of PIs were dose modification (272/455; 59,8%); drug suspension (138/455; 30,3%); drug changes (14/455; 3,1%); frequency adjustments (13/455; 2,9%); reconciliation upon admission (11/455; 2,4%); route of administration or pharmaceutical form modification (4/455; 0,9%) and incomplete medical order (3/455; 0,6%).

Medications most frequently involved in PIs were dexketoprofen (116/455; 25,5%), metamizole (113/455; 24,8%), tramadol (94/455; 20,7%) and acetaminophen (87/455; 19,1%).

Among dexketoprofen PIs, 39,7% (46/116) were attributed to contraindications. PIs related to excessive dosage were accounted for 57,5% (65/113) of all metamizole interventions, 72,3% (68/94) of tramadol interventions and 70,1% (61/87) of acetaminophen interventions. Furthermore, there were 34 IP detecting interactions of which metamizole was implicated in 79,4% (27/34) of the cases.

The level of acceptance among doctors was as follows: 61,8% overall with individual acceptance rates of 79,3% (69/87) for acetaminophen, 68,1% (77/113) for metamizole, 55,3% (52/94) for tramadol and 53,4% (62/116) for dexketoprofen.

Conclusion and Relevance Dose modification was the most frequent PIs, mainly due to excessive dosage.

The drugs that received the most PIs were dexketoprofen and metamizole.

The degree of acceptance of PIs was high, which supports the integration of the pharmacist in the multidisciplinary team and improves the safety of the patient's analgesic treatment.

This study provides useful information to detect areas for improvement in the implementation of pain protocols and the importance of interdisciplinary collaboration.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

5PSQ-075 ADHERENCE TO LOCAL ANTIBIOTIC PRESCRIBING GUIDELINES WITHIN 48 HOURS OF INPATIENT ADMISSION

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10.1136/ejhpharm-2024-eahp.409

Eur J Hosp Pharm: first published as 10.1136/ejhpharm-2024-eahp.407 on 20 March 2024. Downloaded from http://ejhp.bmj.com/ on December 3, 2024 by guest. Protected by copyright.