

Background and Importance Optimisation of antibiotic (ATB) administration is vital for improving infection treatment effectiveness. An ATB stewardship programme can help clinicians rationalise ATB prescribing. There is no simple and effective tool. Last year we conducted an adherence audit with the local guidelines (LG).

Aim and Objectives This study aimed to review the adherence of clinicians to LG in terms of ATB prescribing and administration.

Material and Methods Single-centre prospective audit for prescribed ATB treatment in at least 50 inpatients admitted to the university hospital with ATB initiation within the first 48 hours of admission. Adherence to LG for ATB was assessed using the adopted audit tool.¹ The patient selection was generated from the hospital's electronic prescribing system based on emergency department admission and subsequent hospitalisation and ATC code for ATB prescribed within 48 hours. Adherence was assessed as full compliance with LG. Partial adherence was attributed when minor deviation from LG occurred. Nonadherence was defined as an incorrect choice of ATB.

Results During the audited period, there were 1,842 new admissions and ATB were initiated within 48 hours in 478 inpatients (26%). A total of 74 patients with 117 ATB agents were audited and 77 indications for newly prescribed ATB therapy were found. For 46 indications (59.7%) ATB was given in an indication that is included in available LG. The overall adherence to ATB LG was observed in 33 indications (i.e. 71.7% of 46). Partial adherence was found in 11 indications (23.9%). Non-adherence was shown in two indications (4.3%). These involved ATB for surgical prophylaxis. Out of 117 ATB, there was 72% adherence with LG. Incorrect administration of ATB were the most common reasons for partial adherence (21%).

Conclusion and Relevance We found that adherence in 72% of prescribed ATB agents with recommended practices is considered a satisfactory outcome. The audit results were presented to management and shall be repeated in future.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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Conflict of Interest No conflict of interest.

5PSQ-076 EFFICACY AND SAFETY OF NIVOLUMAB MONOTHERAPY VS NIVOLUMAB PLUS IPILIMUMAB IN RENAL CELL CARCINOMA IN CLINICAL PRACTICE

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Background and Importance Nivolumab is indicated for advanced renal cell carcinoma (RCC) both as monotherapy (second-line) and in combination with ipilimumab (first-line). It is not known the benefit to add ipilimumab to nivolumab, also it must be taken the possible worse security profile.

Aim and Objectives The aim of this study is to determine the efficacy and security of nivolumab plus ipilimumab vs nivolumab monotherapy in the clinical practice.

Material and Methods This is a descriptive, observational and retrospective study (January 2016 to September 2023) of 30 patients treated with nivolumab or nivolumab plus ipilimumab in a third-level hospital. The data were obtained from the electronic medical records of the patients and the FarmaTools Management programme. Data were processed by Microsoft Excel and SPSS software.

Results In this study 30 patients were included in total, 11 treated with dual therapy and 19 with monotherapy. Patient demographics and disease characteristics are described in table 1. Median progression-free survival was 4.9 months (95% CI: 0–10.8) for nivolumab and 10.7 months (95% CI: 0–26.5) for the combination therapy. However, when we compared the two treatments using the log-rank test, the p-value was 0.799. The median overall survival was 43.4 months (95% CI: 0–97.4) for nivolumab, but it was not reached for the combination treatment. The most prevalent adverse reactions in the monotherapy vs dual therapy group, respectively, were hepatic (5.3% vs 45.5%), endocrine (36.8 vs 63.6) and skin (57.9 vs 36.4). It should be noted that one patient with the combination therapy had myositis, myocarditis, and hepatitis. This patient ultimately died.

Abstract 5PSQ-076 Table 1

Characteristic	Nivolumab plus Ipilimumab (n=11)	Nivolumab (n=19)
Age, median (range), years	62 (44–74)	57 (37–83)
Male	6 (54.5)	16 (84.2)
Histology		
Clear cell RCR	10 (90.9)	13 (68.4)
Papillary RCR	0 (0)	3 (15.8)
Not specified	1 (9.1)	3 (15.8)
ECOG (<i>Eastern Cooperative Oncology Group</i>) performance status		
0	5 (45.5)	11 (57.9)
1	5 (45.5)	3 (15.8)
Not specified	1 (9.1)	5 (26.3)
Lung metastases	8 (72.7)	16 (84.2)
Liver metastases	2 (18.2)	6 (31.6)

NOTE: Data are No. (%).

Conclusion and Relevance No differences were observed in efficacy, but there were differences in safety. However, our study is limited since it involves few patients.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

5PSQ-077 ADEQUATE NUTRITIONAL THERAPY IN CRITICAL PATIENTS WITH CORONAVIRUS DISEASE (COVID-19)

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