

also influence this outcome. Phosphatemia monitoring and phosphate supplementation are measures that need to be considered to reduce possible clinical consequences, especially in elderly patients with additional risk factors.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

5PSQ-079 PHARMACEUTICAL INTERVENTIONS IN A HEALTH MANAGEMENT AREA

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Background and Importance Drug therapy represents a major portion of healthcare spending. Drug utilisation research contributes to optimising drug policies in a rational drug use context.

Aim and Objectives To analyse and intervene on active prescriptions of medicines subject to Rational Use of Medicines (RUM) strategies established by the Andalusian Public Health System based on the available scientific evidence.

Material and Methods A descriptive study of the interventions carried out on two lists of patients with active prescriptions provided by our Health System from January to June 2023 was conducted. Group A: patients with two or more proton pump inhibitors (PPIs) and Group B: patients with bisphosphonates prescribed for more than 5 years, given that the optimal duration of treatment in osteoporosis has not been established in the technical data sheet, indicating the need for periodic reevaluation, especially after more than 5 years.

The interventions carried out by the pharmacist were to inform the prescribing physicians by corporate email to reevaluate the treatment and carry out Precautionary Overrides (PO). The main objective of PO is to contribute to patient safety by avoiding the dispensing of prescribed medications when there is a manifest error in the prescription, inappropriateness, safety alert or any other reason that means a risk to the patient.

Results 155 patients were reviewed from January to June 2023: 17 in Group A and 138 in Group B. 100% of prescriptions were communicated to prescribing physicians. We proceeded to carry out 35 PO (22.5%). In Group A: 13 PO (76.5%) due to therapeutic duplication, four (23.5%) patients were not evaluable due to medical cancellation prior to the review. Group B: 22 PO (15.9%) due to lack of adherence to treatment. In this group, it was found that 31 patients (22.4%) did not have an indication for the use of bisphosphonates recorded in their clinical history. 27 PO (77.1%) were accepted by the prescribing physicians, six in Group A and 27 in Group B.

Conclusion and Relevance The analysis aimed at active prescriptions susceptible to intervention is essential to meet RUM objectives, to guarantee a sustainable and quality Public Health System, with the pharmacist having a key role in achieving them.

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5PSQ-080 CLINICAL INTERVENTIONS IN PATIENTS UNDERGOING ANTI-PARKINSONIAN TREATMENT: THE IMPORTANCE OF CORRECT RECONCILIATION

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Background and Importance The purpose of the anti-Parkinsonian pharmacological treatment is to optimise dopamine levels and control of disease symptoms. Therefore, it is essential to implement a correct reconciliation procedure at hospitalisation to avoid adverse effects associated with the medication.^{1 2}

Aim and Objectives To describe the interventions performed in hospitalised patients undergoing anti-Parkinsonian treatment, by hospital pharmacists in the area of pharmaceutical validation, and to evaluate their acceptance degree by clinicians.

Material and Methods This was a prospective, single-centre and interventional study, conducted from September 2022 to September 2023. The study included all the hospitalised patients showing a discordance between their domiciliary anti-Parkinsonian treatment and at hospitalisation. Demographic (sex, age), clinical [clinical judgements(CJ)] and inpatient clinical service] and pharmacotherapeutic [number of chronic medicines and poly medication (≥ 6 drugs)] variables were collected. Interventions were reported to clinician via e-prescribing software. They were classified into: adequacy (detection of prescribing error/therapy reconciliation error), initiation (usual treatment not prescribed), posology modification (dosage increase/decrease, frequency/schedule modification), suspension (duplicity/unnecessary medication). Patient lists and data were collected through medical records and e-prescribing software, and processed using LibreOffice spreadsheet-7.5.1.2®.

Results The study included 34 patients (64.7% male; 35.3% female; median age 76 years; IQR=84–71). Most frequent CJ: urinary infection (11.8%), surgical intervention (11.8%) and deterioration of general condition (8.8%). Inpatient clinical services: Internal Medicine (47.1%), Gastroenterology (17.6%), Urology (5.9%), Cardiology (5.9%), Pneumology (5.9%) and Traumatology (5.9%). The median number of active medications was 11 (IQR=11–8). Polymedicated patients raised up to 85.3%. The number of interventions performed was 60 (n=12 'not accepted' because of discharge/non-acceptance by the clinician). With regard to those accepted (n=48), 8.3% related to adequacy (4.2% detection of prescribing error, 4.2% therapy reconciliation error), 4.2% related to initiation (usual treatment not prescribed), 58.3% related to posology modification (27.1% dosage increase/decrease, 31.2% frequency/schedule modification) and 29.2% to suspension (2.1% duplicity and 27.1% prescription of unnecessary medication). Most interventions affected levodopa/carbidopa treatment but other medications represented a reduced percentage (10%) (safinamide, levodopa/benserazide or rasagiline).

Conclusion and Relevance The supervision of Parkinsonian patients at hospitalisation is a pharmaceutical daily work. This study showed that the reconciliation procedure has a high degree of acceptance, improving the quality and safety of the therapy.

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Conflict of Interest No conflict of interest.