5PSQ-081 SATISFACTION OF PHYSICIANS AND HOSPITAL PHARMACISTS OF A HYPERSENSITIVITY DOCUMENTATION TOOL WITH DE-LABELING FEATURE IN CLINICAL PRACTICE

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Background and Importance Poor documentation of drug hypersensitivities in patient records can lead to allergic reactions. Developing tools for accurate hypersensitivity documentation can prevent prescription errors. However, there is no consensus on how hypersensitivities should be routinely documented electronically. We developed a new structured and coded hypersensitivity documentation tool with a semi-automatic de-labelling feature in collaboration with end-users[1] and implemented it in our university hospital in May 2022.

Aim and Objectives To evaluate the satisfaction of physicians and hospital pharmacists with the new hypersensitivity documentation tool after implementation in clinical practice.

Material and Methods An electronic survey was sent to physicians and hospital pharmacists to evaluate the tool's satisfaction in clinical practice. Data collected between April and September 2023 included demographics, user satisfaction, experience with the tool, and suggestions for improvement. The System Usability Scale (SUS) was used to evaluate satisfaction. Closed-ended responses were analysed using descriptive statistics and inferential analysis (Mann-Whitney U test).

Results Survey was completed by 286 physicians (47%) and nine hospital pharmacists (90%), of which 167 (57%) reported using the tool. Reasons for non-use included tool unawareness (52%), preference for free text documentation (28%), no time (14%) and no patients with drug allergies (14%). The median SUS score of users was 60 (IQR=20), translating in an adjective rating of 'OK'. Hospital pharmacists had a significantly higher median SUS score (75, IQR=25) than physicians (55, IQR=18), corresponding to adjective ratings 'Good' and 'OK', respectively ($Z=2.838$, $p=0.005$). Only 81 participants (28%) indicated being familiar with inactivating hypersensitivities. About 35% of physicians reported prescribing medications to which patients have an allergy. Physicians expressed concern about documentation burden and wanted allergy alerts when prescribing.

Conclusion and Relevance Training physicians could increase awareness about drug hypersensitivities and use of the documentation tool. Although users considered the new tool relatively good in clinical practice, its efficiency can still be improved. Bridging the gap between minimal documentation requirements for an alert system and physicians' time constraints to document is crucial. Involving hospital pharmacists could reduce the time burden for physicians and improve accurate documentation of hypersensitivities.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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Conflict of Interest No conflict of interest.

5PSQ-082 THIRD-GENERATION HOSPITAL-EXCLUSIVE CEPHALOSPORINS: DIFFERENT SAFETY PROFILES?

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Background and Importance Third-generation cephalosporins are clinically relevant due to their broad spectrum of activity against gram-negative, gram-positive, and Pseudomonas aeruginosa bacteria. Monitoring the safety profile of these medicinal products in a real-world setting is of paramount importance, aiming to protect both individual and collective health. To our knowledge, no study with the aim of comparing the safety profiles of these medicinal products has been conducted in the Portuguese context.

Aim and Objectives Assess the reports of suspected adverse drug reactions (ADRs) received by the Portuguese National Pharmacovigilance System concerning third-generation hospital-exclusive cephalosporins, with the aim of comparing the safety profile of these medicinal products.

Material and Methods A retrospective study was conducted using data from the Portal RAM between 1 January 2013, and 31 March 2023. Individual Case Safety Reports (ICSRs) were selected if they identified only one third-generation hospital-exclusive cephalosporin as the suspect drug, namely cefotaxime (CEFO), ceftriaxone (CEF), ceftazidime (CEFT), or ceftazidime + avibactam (CEFT/AV). Demographic data of the patient, ADR category (MedDRA Preferred Terms (PT)), Important/Designated Medical Event (IME and DME) terms, and case outcomes were analysed.

Results The search returned 269 ICSRs of interest., with the majority related to CEF (84.8%). For all the cephalosporins under study, there was a predominance of male patients, with a median age over 50 years, except for CEFO (15.0 ±10.0). Most ICSRs were classified as severe (CEFO: 80.0%; CEF: 88.2%; CEFT: 82.4%; CEFT/AV: 64.3%). Regarding the number of ICSRs containing IME terms, CEFT/AV had the highest percentage at 64.3%, while 25.4% of CEF ICSRs contained a DME term. The highest percentage of ICSRs with PT terms related to off-label use and lack of efficacy belonged to CEFT, with 11.8% and 23.5%, respectively. In all cephalosporins, the majority of ICSRs evolved towards recovery.

Conclusion and Relevance Our results appear to indicate that there are no significant differences in the safety profile of these medicinal products. However, further studies are needed. The implementation of active pharmacovigilance protocols at the hospital level may contribute to a safer and more rational use of these drugs, minimising the impact of ADRs on Public Health, both in terms of economic burden on healthcare systems and morbidity and mortality for citizens.

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