

More studies are needed to evaluate the long-term effectiveness and safety of capsaicin 8% cutaneous patch.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

5PSQ-091 SUITABILITY OF TERIPARATIDE AND LEVEL OF ACCEPTANCE OF PHARMACOTHERAPEUTIC RECOMMENDATIONS IN AN AREA OF HEALTH MANAGEMENT

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Background and Importance The use of teriparatide treatment has resulted in an increase of great economic impact at the hospital level in recent years.

Aim and Objectives To analyse the appropriateness of the prescription of teriparatide in the treatment of osteoporosis in the Orthopedic Surgery and Traumatology Service and to evaluate the degree of acceptance by the physician of the interventions performed.

Material and Methods A prospective, single-centre intervention study has been carried out between March-April 2023. Adult patients with an active prescription of teriparatide from the Orthopedic Surgery and Traumatology Service whose last dispensation was in January 2023 were included. The variables collected were: age, sex, treatment duration, dosing regimen, previous fracture and type of fracture, previous treatment, contraindications, osteoporosis.

Information sources electronic prescription application Prisma®, computerised medical records Diraya® and dispensing data using MicroStrategy software.

In case of inadequacy of treatment, individualised letters were prepared for each patient and sent to the responsible medical specialists along with recommendations for teriparatide treatment. The degree of acceptance of the interventions was measured by the percentage of patients with suspension or modification of treatment after pharmaceutical intervention.

Results A total of 43 patients (76.74% women) with a median age of 76.5 years (range 30–92 years) were included. 18.60% (n=8) of patients had treatment errors, of which 62.5% (n=5) due to dosing regimen >2 years, 12.5% (n=1) due to an error in the regimen and 25% (n=2) due to contraindications. In addition, 13 were prescriptions with a previous non-vertebral fracture, where 84.61% (n=11) were first-line teriparatide treatments, when it is not recommended. The degree of acceptance by the specialists after the intervention was 62.5%. The prescriber's modifications were suspension of teriparatide treatment for > 2 years and initiation of bisphosphonates, modification of the regimen error, and replacement of drugs that had contraindications with first-line drugs.

Conclusion and Relevance Although there are not many errors in the treatment in active prescriptions of teriparatide, the interventions carried out were partly accepted by physicians, but they continue being prescribed as first-line treatments when it is not recommended. In addition, prescription errors were reduced and medication safety increased, reflecting the importance of the role of the pharmacist at the hospital level.

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5PSQ-092 ALTERED PHARMACOKINETICS PARAMETERS OF VANCOMYCIN IN PATIENTS WITH HAEMATOLOGIC MALIGNANCY WITH FEBRILE NEUTROPENIA, A BAYESIAN SOFTWARE ESTIMATION

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Background and Importance The pharmacokinetics of vancomycin vary significantly between specific groups of patients, such as patients with haematological malignancy with febrile neutropenia. Recent evidence suggests that the use of the usual standard dose of antibiotics in patients with febrile neutropenia may not offer adequate exposure due to pharmacokinetic variability.

Aim and Objectives To assess the effect of febrile neutropenia on the AUC_{0–24} hours as a key parameter for vancomycin monitoring, as well as to determine which vancomycin pharmacokinetics parameters are affected by the presence of febrile neutropenia using Bayesian software PrecisePK in haematological malignancy with febrile neutropenia.

To evaluate the difference in estimated AUC_{0–24} between febrile neutropenia and non-febrile neutropenia among patients with haematological malignancies.

Material and Methods The study included adult patients admitted between January 2017 and December 2020, who received vancomycin with measured steady-state trough concentrations before the fourth dose. Of the 297 patients treated, 217 met the inclusion criteria. Pharmacokinetic parameters for both neutropenic and non-neutropenic patients were estimated using the precise PK Bayesian platform.

Results The result showed that AUC_{0–24} was lower in febrile neutropenic patients $p < 0.05$ (403 vs. 461 mg·h/L) compared to non-febrile neutropenia patients. Also, there was a significant difference ($p < 0.05$) in vancomycin clearance, the volume of distribution at a steady state, the volume of distribution for the peripheral compartment, the half-life for the elimination phase, and the first-order rate constant for the elimination process in febrile neutropenia group compared to non-febrile neutropenic patients.

Conclusion and Relevance Febrile neutropenia has a significant effect on the pharmacokinetics parameters of vancomycin and AUC_{0–24}, which may require specific consideration during the treatment initiation.

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5PSQ-093 DOES EXPOSURE TO ANTIBIOTICS PRIOR TO TREATMENT WITH IMMUNE CHECKPOINT INHIBITORS AFFECT THEIR EFFECTIVENESS?

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