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6ER-040 A TOOL PROPOSAL FOR IDENTIFYING THE RISK OF POLYPHARMACY IN NURSING HOMES FOR ELDERLY PEOPLE

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Background and Importance The new model of pharmaceutical care in nursing homes consists of creating drug deposits linked to hospital pharmacy services where hospital pharmacists have the responsibility to provide pharmaceutical care. Besides, polypharmacy is commonly defined as the number of medications taken concurrently using standard cut-offs, but several studies have highlighted the need for multidimensional assessment.
Aim and Objectives The aim of this study is to identify polymedicated residents at risk. For this goal, it is proposed to design a score based on medication indicators.
Material and Methods A score is designed based on demographic data and hazardous drugs for elderly people: age, sex, number of total and chronic prescriptions (Np, Npc), number of prescriptions for: proton pump inhibitors (PPI), cardiovascular drugs (CRZ), vitamin K antagonists (VKA), oral anticoagulants (ACOD), platelet antiaggregant [IGG1] (PAA), neuroleptics (NLP), benzodiazepines (BZD), antidementia drugs (DEM), antidepressants (DEP), opioids (OPI), drugs with high and low anticholinergic effect (Aca, Acb) and concomitant use of NLP, BZD, DEP and DEM (POKER). The weight of each indicator is adjusted according to bibliography and expert opinion.
Results The tool is applied for a population of 3,010 people from 25 centres. More than 90% of the population obtains a result less than 0.6 (2,731 people), 9.5% of the population obtains a result more than 0.6 (288 people) and 1.3% more than 0.9 (39 people).

A practical example: two people with the same number of total prescriptions (15) and chronic prescriptions (12) but with differences in the number of prescriptions per group, have a different score: >0.9 the first one and <0.5 the other one.
Conclusion and Relevance This tool could give us a score that allows to distinguish the risk associated with polypharmacy based on the amount of prescriptions and prescripted hazardous drugs. In the future, it will be necessary to design a study that collects events prospectively, so each indicator could be assigned a weight corresponding to its risk.

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6ER-041 ROLE OF CHECKPOINT INHIBITORS POST-ALLOGENEIC HAEMATOPOIETIC STEM CELL TRANSPLANTATION IN ACUTE MYELOID LEUKAEMIA

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Background and Importance Immune checkpoint inhibitors (ICI) post-allogeneic haematopoietic stem cell transplantation has emerged as a promising strategy in the treatment of acute myeloid leukaemia (AML). AML is a type of blood cancer characterised by an uncontrolled proliferation of immature myeloid cells in the bone marrow. Allogeneic haematopoietic transplantation is a treatment for AML in high-risk cases or in cases of recurrence after intensive chemotherapy, but it can lead to complications such as graft-versus-host disease (GVHD) and disease relapse.
Aim and Objectives The aim was to know the current situation of ICI post allogeneic haematopoietic stem cell transplantation.
Material and Methods A qualitative systematic review has been developed.

We systematically searched in PubMed, Google Scholar and Scopus. Articles was applied to the following review, 'Immune *checkpoint inhibitors*' AND/OR 'LMA', '*Immune checkpoint inhibitors*' AND/OR '*post hematopoietic allogeneic transplantation*', '*LMA*' AND/OR '*post hematopoietic allogeneic transplantation*'.
Inclusion criteria articles published in the last 5 years and articles that provided conclusive results on the use of ICI.
Exclusion criteria articles that, meeting the inclusion criteria, were inconclusive due to lack of data, reproducibility or no significant differences between treatments.
Results Ninety-four articles that could be analysed to fulfill the purposes of this work have been found, of which nine met the inclusion and exclusion criteria.

Various studies have highlighted the importance of immune checkpoint inhibitors in the post-allogeneic haematopoietic transplant, which offer a new therapeutic alternative in the treatment of AML, their ability to improve the immune response against leukaemic cells and regulate the GVHD response offers hope for better survival and quality of life of AML patients undergoing post-allogeneic haematopoietic transplantation.
Conclusion and Relevance Immunotherapy based on ICI in combination with intensive chemotherapy, hypomethylating agents, or other targeted therapies is gaining interest in the treatment of haematologic malignancies such as AML. However, the results obtained from clinical trials are modest and limited by both the type of design and the phase of the trial. The prospective study of responses to this type of treatments according to different biological profiles could provide strategies to identify those patients who may benefit from ICI.

More studies are needed to determine its long-term efficacy and to establish clear guidelines for its clinical use.

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