Material and Methods Observational, retrospective study carried out between March 2023 and September 2023, including patients who started with ETI before September 2022, 12 years of age or older when they started, and treated with at least one nebulised antibiotic.

Variables: age, sex, change from baseline in percentage of predicted forced expiratory volume in 1 second (FEV1) at month 12, difference in rate of pulmonary exacerbations 1 year before and after starting ETI, difference in Medication Possession Ratio (MPR) to nebulised antibiotics 1 year before and after starting ETI and MPR to ETI for 12 months.

Data were collected from electronic medical records and pharmacy dispensing programs.

A statistical analysis was performed using dependent samples t-test with IBM SPSS Statistics v21.0.

The study was approved by Ethics Committee of the hospital.

Results In total, 33 patients were included, 21/33 (63.6%) were female. The mean age was 28.1 (±12.5). 14/33 (42.4%) patients had been previously treated with tezacaftor/ivacaftor.

Percentage of predicted FEV1 was 17.8% higher (95% CI 11.8–23.7) at 12 months. Rate of pulmonary exacerbations was 70.2% lower (95% CI 43.3–97.2) and rate of severe pulmonary exacerbations was 86.1% lower (95% CI 43,2–128,9) 12 months after starting ETI. MPR to nebulised antibiotics was 22% lower (95% IC 7,5–36,5) 12 months after starting ETI. (P<0,001 for all comparisons). MPR to ETI was 89,7% (±18,5).

Conclusion and Relevance The introduction of ETI to CF treatment has been a hopeful advance. ETI has shown a good efficacy in our population. However, the adherence to nebulised antibiotics decreased significantly. More studies are needed to evaluate the safety of withdrawing nebulised therapies post-ETI. A strategy to improve adherence in patients with CF has been initiated in collaboration with the CF unit of our hospital.

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Conflict of Interest No conflict of interest.

4CPS-007 ADALIMUMAB IN THE TREATMENT OF RECALCITRANT SWEET SYNDROME: A CASE REPORT

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Background and Importance Sweet syndrome (SS) is a rare febrile neutrophilic dermatosis characterised by edematous and erythematous papules, plaques or nodules on the skin, and fever. SS is associated with infection, malignancy, pregnancy and drug exposure. High doses of systemic glucocorticoids are the first-line treatment. Colchicine, dapsone, and potassium iodide are additional therapies, reserved for refractory cases. In addition, classic immunosuppressants have been effective. Newer case reports suggest benefit from biological therapies in recalcitrant cases.

We have found two other refractory SS cases in the literature.

Aim and Objectives To assess the effectiveness of adalimumab in a 50-year-old patient diagnosed with refractory idiopathic SS in a tertiary hospital.

Material and Methods In 2019, a man presented with fever, episcleritis, joint pain, and elevation of acute phase reactants (RFA) (C-reactive protein level (PCR), 35 mg/L; erythrocyte sedimentation rate (VSG), 48 mm; ferritin 416 ng/L). Early detection of autoimmune and infectious diseases was negative. Finally, he was diagnosed with idiopathic SS in 2022. Initially, colchicine was started without clinical response. Therefore, systemic glucocorticoids were initiated. The response was excellent, but he developed a central serous choroidopathy secondary to glucocorticoids, which contraindicated its use at high doses. Prednisone 5 mg daily was maintained. Later, dapsone was commenced but it was ineffective and caused haematological toxicity (anaemia). After dapsone withdrawal, anaemia blood markers improved. In April 2023, methotrexate 15 mg weekly and prednisone 10 mg daily were commenced. After two months, he presented skin lesions, fever, asthenia, arthralgia and elevated RFA (PCR, 46 mg/L; VSG, 84 mm; ferritin 603 ng/L). Considering it was a refractory SS, adalimumab off-label was requested.

Results On 5 July adalimumab 40 mg biweekly was initiated. Previously, informed consent was signed. Methotrexate and prednisone in descending doses were continued. After two injections, the disease had eased (no fever, skin lesions or inflammation) and without adverse effects. On 28 September, he started treatment with prednisone 5 mg daily, methotrexate 10 mg weekly and adalimumab 40 mg biweekly, and RFA are normal (PCR, <1 mg/L; VSG, 16 mm).

Conclusion and Relevance - Adalimumab is effective in the treatment of recalcitrant SS.

- A longer follow-up is needed to assess the effectiveness in the long term.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-008 ANALYSIS OF PHARMACEUTICAL INTERVENTIONS RELATED TO ANTITHROMBOTIC DRUGS IN EMERGENCY DEPARTMENT

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Background and Importance Antithrombotic Drugs (AD) belong to a therapeutic group considered as high-risk medication and they are a high priority in patient safety strategies.

Aim and Objectives To analyse pharmaceutical interventions according to ADs at the Emergency Department (ED), and to evaluate the factors that could influence the acceptance of pharmaceutical recommendations.

Material and Methods Prospective, longitudinal, observational study was conducted over a 9-month period. We selected pharmaceutical interventions performed by emergency medicine pharmacists in patients receiving ADs during the ED journey. A complete pharmacotherapeutic review was performed for each patient in order to detect drug-related problems (DRP) and a recommendation was issued to the responsible physician.

Collected data sex, age, number of chronic medications, polymedication (simple polymedication 5–9 drugs; extreme polymedication >9 drugs), patient clinical complexity level (low, moderate, high), drug involved.

We analysed type of interventions and DRPs severity according to the National Coordinating Council for Medication Error Reporting and Prevention (NCC-MERP) that classifies the error according to the severity of the outcome (Category A: no error, Category B-D: error without harm, E-H: error with harm, I: death). Severity was not evaluated in patients whose clinical situation changed before considering intervention.

A Chi-squared test was applied for categorical variables. For quantitative variables, t-Student-test or the equivalent non-parametric Mann-Whitney U-test was used. Statistical analysis was performed using SPSS®V22.

Results In total, 809 patients with antithrombotic medications (AD) were assessed. A total of 237 interventions were performed in 227 patients (28.05): 59.9% men, 79±12.4 years, 59% had a medium-high complexity level and 60.8% had extreme polymedication.

Regarding the interventions performed, 75.9% related to indication (57.7% start new medication and 13.3% discontinuing medication) and 20.2% to posology. According to the DRP severity assessment, 206 interventions were classified following NCC-MERP:117C, 48B, 27A, 7D, 5F, 1G and 1I.

Concerning pharmaceutical interventions,72.6% were accepted,14.35% were rejected and 13.1% were related to patients whose clinical situation had changed, and the intervention performed was no longer considered appropriate. Regarding influencing factors, there was a non-significance trend for type C error severity to be accepted more frequently (OR2.03 CI 95% 0.91- 4.52) p=0.07.

Conclusion and Relevance Acceptance rate of pharmaceutical interventions was high. Most of the interventions were related to drug indication. More than a half of the DRPs were errors that reached the patient without causing harm. No factors had an influence on acceptance ratio

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-009 NEONATAL DIAGNOSIS AND TREATMENT OF STIFF BABY SYNDROME: A CASE REPORT

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Background and Importance STIFF syndrome is a rare disease with genetic mutation Cr 5 GLRA1. It is characterised by a neurological disorder with stiffness and muscle spasms, which affects the quality of life of these patients.

Aim and Objectives Describe the diagnostic and therapeutic management of a neonatal patient with Stiff syndrome.

Material and Methods Literature review of cases described with similar clinical features by the pharmacy and neonatology service of a tertiary hospital. Tests were requested for differential and confirmatory diagnosis (whole genome sequencing). The Pharmacy Service collaborated in the search for a possible effective treatment and in adapting it to a paediatric patient.

Results Premature patient (41+2) hospitalised the 16 of August 2022 in a tertiary hospital due to respiratory distress and abnormal neurological signs, followed by a hypertonic seizure with generalised rigidity. A bolus of midazolam 0.1 mg/kg was administered without improvement, followed by phenobarbital 3 mg/kg/24h without clinical response. After negative tests, the genetic study detected an alteration of the GLRA1 gene in the patient, and a heterozygous mutation in the mother. A metabolic study was performed, detecting elevated levels of glutamic acid.[1] A therapeutic trial was started the 28 of August with oral Clonazepam at 0.1 mg/kg every 8 hours.[1] As this was a compounding preparation, the pharmacy prepared the suspension at a concentration of 0.1 mg/ml from 2 mg tablets.[2] Due to the improvement in stiffness and hyperplexia since the start of treatment, clonazepam was maintained at discharge, and continues being active at 0.3 mg/kg/8 hours. At follow-up at 11 months of age, the patient was in good general condition. The condition had attenuated, with less startle and reflexes.

Conclusion and Relevance Stiff syndrome is a disease that is difficult to diagnose and to treat due to its low prevalence. The favourable clinical response after starting treatment with clonazepam should be highlighted. The preparation of a pharmaceutical formulation from the Pharmacy Service allowed to individualise the dose according to the patient's weight and clinical evolution.

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Conflict of Interest No conflict of interest.

4CPS-010 CAN ERENUMAB IMPROVE QUALITY OF LIFE PERCEIVED BY PATIENTS?

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Background and Importance Migraine is a highly disabling chronic disease. Erenumab is a preventive treatment to reduce frequency, intensity and duration of migraine crises, to improve the quality of life, reducing the impact of the disease on the functionality of the patient.

Aim and Objectives The aim was to evaluate the quality of life perceived by the patient before starting treatment with erenumab and after 12 months.

Material and Methods Prospective observational study which includes patients with chronic or episodic high-frequency migraine treated with erenumab (August 2020 to December 2022), who had completed 12 months of treatment.

Demographic data (sex; age), clinical data (type of migraine; monthly migraine days and intensity at the beginning of treatment and 12 months after) were collected and EuroQol-Questionnaire was performed to assess quality of life at the beginning and 12 months after.