

of newly transplanted children prior to discharge. To evaluate the impact of the service, a peer-reviewed knowledge test (11 points equaling highest knowledge) was performed before and after counselling. Results were compared using a two-sample t-test for dependent samples. Parents were encouraged to ask questions regarding their medication. A written medication plan containing relevant drug information was furthermore provided.

Results Between November 2022 and May 2023, 10 parents received counselling. The median age of children [male n=8 female n=2] was 4.5 years (range 2–15). Children took 8.9 ± 2.0 different drugs and duration of counselling was 41 ± 17 minutes. The parents scored 6.2 ± 1.3 and 9.7 ± 0.8 of 11 points on the knowledge test before and after counselling, respectively ($p < 0.001$).

Conclusion and Relevance In general, pharmacist-led discharge counselling was highly appreciated by parents and the involved health care team. Counselling might substantially improve the parents' knowledge on questions regarding drug therapy and will help parents make informed decisions after discharge.

Based on Vaillancourt et al.,¹ it can be hypothesised that higher medication literacy translates into improved clinical outcomes. However, evaluation in our project was limited to a single session and a written medication plan. To document a sustained impact on medication literacy, it would be necessary to follow up with parents and children during aftercare.

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. Vaillancourt R, Cameron JD. Health literacy for children and families. *Br J Clin Pharmacol*. 2022.

Conflict of Interest No conflict of interest.

4CPS-013

INTRAVENOUS LEVETIRACETAM SUPPLETION DURING HAEMODIALYSIS PRESERVED STABLE THERAPEUTIC SERUM CONCENTRATIONS: A CASE REPORT

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Background and Importance Levetiracetam is a widely used antiepileptic drug. Due to its pharmacokinetic properties including low molecular weight, low volume of distribution and small protein binding, it is a highly dialyzed during haemodialysis (HD).¹ Therefore, it is difficult to preserve stable plasma levels during dialysis and patients starting with HD are often switched to other antiepileptic drugs. Information about levetiracetam concentrations in this group of patients are rarely described and show conflicting data. We describe a case report in which levetiracetam was supplemented during HD and where multiple levetiracetam levels were measured during HD sessions.

Aim and Objectives To determine whether stable levetiracetam plasma concentrations can be preserved during HD by intravenous suppletion. We report a case of a 63-year-old woman who started intermittent HD because of renal failure due to diabetic nephropathy. She was treated with levetiracetam 250 mg b.i.d. for therapy-resistant focal epilepsy. Levels < 10 mg/L resulted in frequent seizures, therefore the target values in this patient were set at 10–25 mg/L.

Material and Methods HD sessions lasted 4 hours. Additional intravenous doses of levetiracetam were administered during bypass pre-HD, after 2 hours HD and post-HD (see table 1). Levetiracetam concentrations were measured 30 minutes after levetiracetam supplementation. Pre-HD samples were measured before the first supplementation dose was given.

Results

Abstract 4CPS-013 Table 1 Levetiracetam supplemental dose and serum concentrations pre-HD, during HD and post-HD

HD session	1	2	3	4	5	6	7
Supplemental intravenous dose (mg) of levetiracetam							
Pre-HD	250	250	250	250	250	250	500
2 hours HD	250	250	250	250	250	250	250
Post-HD				250	250	250	250
Levetiracetam plasma concentrations (mg/L)							
Pre-HD	18	20	19	18	20	10	19
2,5 hours HD	8	10	10	13	12	17	15
Post-HD	8	8	17	11	10	9	13

Plasma concentrations remained most stable with suppletion doses of 500–250–250mg and did not result in seizures following HD.

Conclusion and Relevance HD showed to eliminate levetiracetam significantly. In this case report, intravenous levetiracetam suppletion during HD safely preserved stable levetiracetam plasma concentrations preventing seizures. Close monitoring of plasma concentrations is recommended to determine the appropriate supplemental dose to maintain therapeutic levels.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-014

REAL WORLD DATA ON THE USE OF PCSK9 INHIBITOR TREATMENTS IN HYPERCHOLESTEROLEMIA

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Background and Importance LDL levels have been considered a surrogate marker of cardiovascular risk, which has taken on greater relevance in recent years.

Aim and Objectives To analyse the use and effectiveness of PCSK9 inhibitors (PCSK9i) in real world data

Material and Methods Retrospective study that includes patients treated > 3 months with iPCSK9 from 1/1/2016 to 12/31/2022 in the Murcia Health Service. The parameters collected were age, sex, indication, LDL, iPCSK9 used, use of previous statins and mortality.

Data collection/analysis was carried out with Access[®] and PowerBi[®]. The drug consumption data was obtained from the Business Intelligence Portal and the clinical parameters of analysis/clinical history application