

**Results** A total of 266 patients (61% men) with a median age of 58 years were included. The indication was, 59% familial hypercholesterolemia (FH) and 41% with established cardiovascular disease (CD).

The median LDL before treatment was 138 mg/dl, being 172 for FH and 117 for CD.

The 93% of patients had received a statin (73% high-intensity statin therapy: rosuvastatin  $\geq 20$  mg or atorvastatin 80 mg). The PCSK9 i drugs used were evolocumab in 58% of patients and alirocumab in 42%.

The median LDL at 3 months was 79 mg/ml and 68 mg/dl in the last year of treatment (reduction of 74 mg/dl compared to baseline) and was 92 for those on FH and 65 for patients with CD.

The 72% of patients reduced  $>30\%$  their baseline LDL, 52% reached levels  $<70$  mg/dl and 74.5% reached levels  $<100$  mg/dl.

The percentage of patients who reached levels  $<100$  mg/dl was higher in the CV group 78% compared to HF 62% ( $p < 0.04$ ).

Regarding (any cause) mortality, there was a total of 7 deaths (2.6%) distributed evenly in the two indications, with a probability of survival of 90% at 5 years.

**Conclusion and Relevance** The median LDL at the beginning of treatment was greater than 100 mg/dl, and 93% had received statins prior to treatment.

The effectiveness of the treatments regarding LDL reduction is similar to those published in pivotal clinical trials. The 5-year mortality published in this real-world data study is somewhat lower than that published in the FOURIER and ODYSSEY trials (2.6% vs 4.7% and 5%)

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

**Conflict of Interest** No conflict of interest.

#### 4CPS-015 ASSESSMENT OF IN-HOSPITAL ANTIBIOTICS CONSUMPTION PATTERN ACCORDING TO THE WHO AWARE CLASSIFICATION IN A LOCAL HEALTH AUTHORITY

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**Background and Importance** Antimicrobial resistance (AMR) is a recognised global health concern. For this reason, in 2017, the World Health Organization (WHO) developed the AWaRe classification of antibiotics, which grouped them into three main groups: *Access*, *Watch* and *Reserve*. WHO AWaRe classification is a helpful tool to promote the appropriate and responsible use of antibacterials, reduce AMR, monitor antibiotics consumption and assess the effectiveness of stewardship programs.

**Aim and Objectives** We aimed to evaluate the antibiotic consumption pattern of the seven suburban hospitals of our Local Health Authority, comparing a 6-month period in 2023 to a 6-month period in 2022. The main goal of the analysis was to assess the performance of stewardship initiatives.

**Material and Methods** First, antibiotic consumption data regarding in-hospital settings from January 1, 2022, to June 30, 2023, were extracted from the National Health System (NHS) dispensing database. The total Defined Daily Dose (DDD) as a percentage and the DDD per 100 bed days were

used as measures of antibiotic consumption. Second, the Anatomical Therapeutic Chemical (ATC) 4th level code was used to categorise antimicrobials within the different AWaRe groups.

**Results** The comparative analysis of the time period considered showed a similar overall DDD consumption of antibiotics. Noteworthy, among the different AWaRe groups, an increase in consumption in the *Watch* group antibiotics equal to plus 10.5% (2023 75% vs. 2022 64.5%) and a reduction in the *Access* group equal to minus 10% (2023 23% vs. 2022 33%) were observed. The DDD consumption of *Reserve* group antibacterials was quite similar among the two periods (2023 2% vs. 2022 2.3%). Within the *Watch* group, the most consumed antimicrobials according to ATC 4th level were J01DD with 29.6 DDD/100 bed-days, J01MA 22.5, J01FA 11.7, J01CR 10.3, J01DH 9 and J01XA 5.3 respectively.

**Conclusion and Relevance** In contrast with WHO indications (at least 60% of total antibiotics in the *Access* group), our findings show that in our Local Health Authority the majority of antimicrobials consumed belong to the *Watch* group. The results of our investigation highlight the need for further efforts by the Antimicrobial Stewardship Team in order to improve the appropriate use of antibiotics in the hospital setting and fight AMR.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

**Conflict of Interest** No conflict of interest.

#### 4CPS-016 EXPERIENCES, VIEWS AND ATTITUDES OF HOSPITAL NURSING STAFF TOWARDS THE IMPLEMENTATION OF THE UNIT DOSE DISPENSING SYSTEM FOR INPATIENTS: A QUALITATIVE INTERVIEW STUDY

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**Background and Importance** Medication errors pose a major economic problem and, more importantly, a major cause of avoidable harm in medical care. With the Global 'Patient safety action plan 2021–2023' the World Health Organisation (WHO) calls for a rethink of processes and structures within the healthcare system to ensure optimal patient safety. One such optimisation measure could be the introduction of the Unit dose dispensing system (UDDS), which is thought to have multiple benefits from avoidance of medication errors to improved patient autonomy.

**Aim and Objectives** To determine hospital nurses' attitudes towards the UDDS, examine their perceptions of opportunities and barriers in everyday practice and explore their experiences with its implementation.

**Material and Methods** A prospective qualitative interview study with 23 nurses from the Barmherzige Brüder Hospital Linz, Austria was conducted. The validated and piloted semi-structured interview guide was based on existing literature, best practice guidelines for qualitative interview studies and the constructs of the Consolidated Framework for Implementation Research (CFIR). Interviews were transcribed verbatim and mapped against the Framework of Implementation of Services in Pharmacy (FISpH) by two researchers independently.

**Results** Nurses' satisfaction with the UDDS was high as it affords them a considerable time saving, ease of use in daily practice and reduced workload. Furthermore, UDDS is