recommendations actually led to an adjustment in pharmacotherapy. The main reason for not accepting a recommendation by a physician was near discharge from hospital: 90.8% (148 of 163 recommendations).

Conclusion and Relevance Implementation of eCDS in hospital pharmacy led to a significant increase in medication orders adjusted to BMI or BW, in (morbidly) obese patients. It is important to implement and evaluate such interventions to optimise treatment for this growing population.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-023 OPTIMISING BIOLOGIC THERAPY IN SEVERE UNCONTROLLED ASTHMA PATIENTS ON OMALIZUMAB TREATMENT

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Background and Importance Severe uncontrolled asthma (SUA) is a chronic pathology that requires close monitoring of the effectiveness of biological drugs and an assessment of the safety and economic implications to individualise therapeutic goals.

Aim and Objectives Evaluate the effectiveness and safety of omalizumab, propose a switch to biologic treatment to optimise therapy and evaluate the economic impact after intervention.

Material and Methods Prospective study from January 2021 to April 2023. All patients on treatment with omalizumab for SUA were included. Patients with allergic asthma phenotype were excluded. Candidates for optimisation were patients well-controlled or those who had exacerbations in the last 12 months, Asthma Control Test (ACT) score < 20, forced expiratory volume in 1 second (FEV1) <80%, need for oral corticosteroids and the pharmacy dispensing record. To assess the effectiveness of the intervention, data were collected on biological treatment, FEV1, ACT, IgE and eosinophil values before and after the treatment switch or discontinuation. The exacerbations or treatment with oral corticosteroids were also recorded. Clinical variables were obtained using electronic medical records.

Results Sixty-one patients with mixed or eosinophilic phenotype SUA on treatment with omalizumab. Of these, 30 patients met criteria for well-controlled disease and 31 (50.8%) were candidates for optimisation of therapy. 55.5% women with a median age of 51 years (IQR 66 – 42). The median pre-test IgE value was 459 UI/mL (734.7–239.1), eosinophils 300/µL (445–140), ACT 17 (23–12) and FEV1 78% (100–65). Eight patients switched to benralizumab, seven to mepolizumab and six to dupilumab. Seven patients were discontinued due to well-controlled SUA, two patients were expected to switch due to the need for previous complementary tests, one patient died of another cause. After optimisation the eosinophil value at week 16 and 32 dropped to 80 and 50 respectively. Median ACT 18 (20–16) and FEV1 83.5 (98.5–59.5). Five patients had exacerbations and six patients required oral corticosteroids. Two of the patients with mepolizumab returned to omalizumab. Optimisation of therapy for SUA resulted in a 38.2% cost saving.

Conclusion and Relevance Optimisation of pharmacotherapy allows for individualisation of treatment and dosage, which has an impact on effectiveness and safety while minimising costs in the health system.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-024 ANALYSIS OF POLYMEDICATION AND ADEQUACY TREATMENT RECOMMENDATIONS IN PATIENTS WITH MULTIPLE SCLEROSIS IN A TERTIARY LEVEL HOSPITAL

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Background and Importance Multiple sclerosis (MS) population has been aging in parallel to the increasing life expectancy of the general population. This could be related to potentially inappropriate medication prescriptions, drug-drug interactions and therapeutic non-adherence.

Aim and Objectives Determine the prevalence of polymedication in an MS population aged 55 years or more and provide therapeutic recommendations to adjust treatment of the patient.

Material and Methods Observational, cross-sectional, study that included patients over 55 years of age with MS at a tertiary level hospital between December 2022-February 2023. Demographic variables: age, sex, date of MS diagnosis, type of MS and the Expanded Disability Status Scale (EDSS). Medication, polypharmacy (five or more drugs), major polypharmacy (10 or more drugs), anticholinergic burden, potentially inappropriate medication, drug-drug interactions (Lexicomp® database) and non-adherence to concomitant medication were collected. Statistical analysis was carried out with R Commander® software. Data was obtained from electronic prescription (Prisma®) and medical records (Diraya®) applications.

Results 95 MS patients aged 55 years or older were included. 68.4% were women. The median age was 61 years (IQR 58–65). Median age at the diagnosis 45.2 years (IQR 38.5–50.2). Type MS: recurrent remitting (71.6%), secondary progressive (19%) and primary progressive (9.4%). Median EDSS scale 2 (IQR 1–3). The most frequent disease-modulating drugs (MSD) were: interferon (23.1%), fampridine (16.8%), teriflunomide (14.7%), fingolimod (8.4%) and glatiramer acetate (7.4%). Median number of drugs concomitant with MSD 6 (IQR 3–9). Polypharmacy 68.4%. High treatment complexity index 40%. Non-adherence to concomitant medication was identified in 84.4% of patients and drug-drug interactions in 56.2% (category D 83.8% and X 16.2%). Anticholinergic load: no risk 20%, moderate risk 22.1% and high risk 57.9%. A total of 20 pharmaceutical interventions were carried out in 17 patients (17.9%), the potentially inappropriate medication criterion was responsible for 11 interventions, non-adherence for seven and interactions for two. Of the 11 interventions on inappropriate medication criteria, nine (81.8%) were accepted, resulting in the discontinuation of 15 drugs that were appropriately prescribed.