4CPS-041 SILENCE SPEAKS LOUDER THAN WORDS: OMISSION OF PRESCRIPTION IN THE EMERGENCY ROOM

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Background and Importance Medicines reconciliation is the process of accurately listing a person's current medicines. This is recommended when admitted into a service or treatment changes. The Emergency Room (ER) is one way from primary health care to secondary and tertiary; as such, medicine reconciliation plays a critical role. Electronic prescription allows the tracking of prescriptions during the admission of patients to the ER.

Aim and Objectives This project aimed to assess the current situation regarding medicines reconciliation during ER admission and to estimate the degree of electronic prescription omission in the ER.

Material and Methods

One hundred patients were registered The exclusion criteria was discharge time inferior to 4 hours after admission.

Over 10 consecutive work days, 10 patients were chosen every day in the following manner: The five most recent patients admitted to the ER during the night shift (0–8 am) and the first five patients admitted during the morning shift (8 am to 3 pm).

Current medicines for each patient were obtained from electronic records prior to admission, current medical visit and, in case of doubt, direct patient interview.

Sex, age and omission between electronic prescription in the ER and each patient's current medicines were registered.

Omissions were considered justified when omitted medicine was the reason to visit the ER, acute clinical situations made the medicine contraindicated, and there was a significant interaction (level D or X) between the omitted medicine and any medicine or process indicated during the admission.

Omitted medicines were sorted out by ATC group of active principle.

Results Among the 100 patients, 47 were women, and 53 were men. Age was 66.5 ± 21.4 years.

Out of 100 patients, 71 had errors in their electronic prescriptions, resulting in 121 omissions. Of these omissions, 61 (50.4%) were classified as unjustified. Medicines fell into ATC groups by C (41%, 25), N (27.9%, 17), B (11.5%, 7), S (9.8%, 6), R (4.9%, 3), A (3.3%, 2) and J (1.6%, 1).

Conclusion and Relevance Omissions of prescriptions, particularly for cardiovascular and nervous system medications, are common in our hospital's ER. This issue must be addressed as it may result in negative clinical outcomes.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-042 OVERDOSE OF DARBEPOETIN IN PATIENTS WITH CHRONIC KIDNEY FAILURE. ROOM FOR IMPROVEMENT WITH PHARMACIST INTERVENTIONS

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Background and Importance Darbepoetin is used to treat symptomatic anaemia associated with chronic kidney failure (CKD) and to increase haemoglobin concentration to a level no higher than 12 g/dl.

Patients should be closely monitored to ensure that the lowest authorised effective dose of darbepoetin adequately controls the anemia-related symptoms while maintaining a haemoglobin concentration below or equal to 12 g/dl.

Aim and Objectives To improve the safety of darbepoetin treatment, this study aimed to identify patients with CKD and haemoglobin levels exceeding 12g/dl.

Material and Methods An observational, descriptive, and retrospective study was conducted to analyse CKD patients who received treatment with darbepoetin from January 2022 to August 2023.

Data collected included gender, date of birth, darbepoetin dosage in mcg, and haemoglobin value in g/dl.

For this study, we retrieve the data from Electronic Health Records (HER).

Results During the analysed period, darbepoetin treatment was administered to 567 CKD patients, 56% were man with a median age of 72, and 129/567 (22.7%) had haemoglobin levels above 12 g/dl.

Among these 129 patients, 86 (66.7%) had a haemoglobin value between 12 and 13.9 g/dl, 15 (11.6%) patients between 14 and 15.9 g/dl, and 2 (1.5%) patients had a haemoglobin value higher than 16 g/dl.

Furthermore, 5 (3.8%) patients with high haemoglobin values still received a dose of darbepoetin higher than 100 mcg.

Conclusion and Relevance According to the product information document, there is room to improve the safety of darbepoetin treatments as many patients continue treatment with darbepoetin even when the target haemoglobin level has been reached.

It is crucial to closely monitor patients starting darbepoetin treatment and adjust doses to achieve the desired haemoglobin level safely.

When patients pick up their medication from the hospital pharmacy, analytical haemoglobin values must be checked, and the attending pharmacists can communicate with nephrologists if patients do not fulfill the treatment criteria for darbepoetin.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-043 EFFICACY AND SAFETY OF ANTI-CALCITONIN GENE-RELATED PEPTIDE MONOCLONAL ANTIBODIES FOR MIGRAINE PROPHYLAXIS: ONE-YEAR REAL-LIFE EXPERIENCE

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Background and Importance Clinical manifestations of migraine compromise patient's quality of life (QoL). Randomised studies showed monoclonal antibodies against calcitonin gene-related peptide (AM-anti-CGRP) reduce frequency and intensity of migraine episodes but there is still lack of real-life effectiveness and safety data in some clinical scenarios.

Aim and Objectives Assess the one-year efficacy and safety of AM-anti-CGRP in those patients' refractory to other prophylactic treatments through clinical pharmacist assessment.

Material and Methods Observational and retrospective study including patients with chronic migraine (CM) or episodic migraine (EM) who started treatment with AM-anti-CGRP between March 2020 and March 2022 completing one-year treatment.

Pharmacotherapeutic follow-up was performed together with the Neurology team. Sex, age, type of migraine and number of previous treatments were collected. Migraine days per month (MDM) and QoL scale (HIT-6) was assessed at baseline, 6- and 12-months follow-up. Treatment response was considered if there was an improvement of 50% MDM at 6 months or ≥30% of HIT-6 at one year. Drug adverse effects that conditioned treatment continuation were assessed.

Results 42 patients were included (CM=29; EM=13), 69% female, mean age 44.6±9.9 years. 51 treatments were recorded (22 erenumab, 23 galcanezumab, 6 fremanezumab). Patients received a mean of 6±1.6 (erenumab group), 5.4±1.4 (galcanezumab group) and 6.2±1.5 (fremanezumab group) prior treatments.

Mean±SD baseline MDM and median (range) HIT-6 values were: 17.6±8.0 and 67(52–74) (erenumab group), 20.7±7.7 and 68(53–78) (galcanezumab group) and 20.8± 8.7 and 70 (52–72) (fremanezumab group) days.

Mean±SD MDM values at 6- and 12-month follow-up were: 6.4±4.6 and 6.2±4.5 (erenumab), 10.7±8.2 and 10.3 ±7.7 (galcanezumab) and 6.7±0.6 and 7.5±2.1 (fremanezumab).

Median (range) HIT-6 values at 6- and 12-month follow-up were: 58.5(44–78) and 53(44–74) (erenumab), 62(46–78) and 65(54–76) (galcanezumab) and 62(46–78) and 65(54–76) (fremanezumab).

14 (63.6%), 15 (65.2%) and 3 (50%) of patients, responded to erenumab, galcanezumab and fremanezumab, respectively.

3 patients discontinued treatment due to adverse effects (n=2 erenumab-group, n=1 fremanezumab-group).

Conclusion and Relevance High responses rates ≥50% were observed in the three groups, higher in the galcanezumab group although conclusions limited due to small sample. Results show treatments were safe and well-tolerated, with only 5.88% treatment discontinuations due to adverse effects. Multidisciplinary follow-up including clinical pharmacist assessment could help optimising treatment response and safety.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-044 PRE-EXPOSURE PROPHYLAXIS DROP-OUT: FOLLOW-UP AND RELINKING THROUGH TELEPHONE CONTACT

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Background and Importance Pre-exposure prophylaxis (PrEP) is an effective HIV prevention strategy for people at high risk of infection. Long-term adherence to PrEP program in our health care setting is unknown.

Aim and Objectives To identify users who dropped out PrEP and to evaluate the usefulness of telephone contact for recapturing, through a multidisciplinary strategy (Infectious Diseases-Pharmacy).

Material and Methods Transversal study on a cohort of PrEP users (April 2022-July 2023). Potential users without drug dispensing in the last three-months were identified. Clinical histories were reviewed to determine 'true treatment discontinuations' (TTD). Those patients were contacted by telephone to offer relinking. Statistical analysis: values were expressed as medians (interquartile range-IQR) and patients (percentages).

Results Follow-up in 292 users: 47 (16%) potential dropouts, 23 (7.9%) TTD. The remaining 24: 15 cases were suitable discontinuations, 1 unsuitable discontinuation, 3 used PrEP on demand without requiring standard dispensing, 1 was transferred to another hospital and 4 were awaiting dispensation.

Abstract 4CPS-044 Table 1 Characteristics of 23 TTD

		N (%)/median (IQR)
Gender	Cis man	23 (100)
Age		33.6 (29.5–39.7)
Origin	Spain Latin-America Europe/Western	12 (52.2) 8 (34.8) 3 (12)
Medical history	Psychiatrists Smoker Alcohol Non-sexual drugs Chemsex Three-month sessions Slamsex	6 (26.1) 11 (47.8) 16 (69.6) 16 (69.6) 6 (26.1) 2.5 (5) 2 (8.7)
Previous sexually transmitted infection (STI)	Syphilis MonkeyPox	8 (34.8) 1 (4.3)
% preservative		65 (52)
Couples/month		6.5 (4.3–11.5)
Previous PrEP		6 (26.1)
Previous post-exposure prophylaxis (PEP) Number of PEPs		13 (56.5) 1 (0–2)
Baseline tests	VIH Hepatitis B virus Hepatitis C virus *Neisseria gonorrhoeae Chlamydia trachomatis* Lymphogranuloma venereum *Mycoplasma genitalium* Syphilis	0 0 0 1 (4.3) 0 0 2 (8.7) 0
N° users/month		3.9 (2.8–6.0)
Medical revisions		1 (0–2)
Reason for loss of tracking	Discontinuation Ending risky behaviour Transfer Missed appointment Others	14 (60.9) 1 (4.3) 3 (13) 4 (17.4) 1 (1)
Relinked patients		8 (34.8)