

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-071 ANTIBIOTIC CONSUMPTION MONITORING BY AWARE CLASSIFICATION: A 6-MONTH ANALYSIS

¹C Botto*, ¹I Mistretta, G Cancellieri, ¹E De Luca, ¹M Santonocito, ²M Iannelli, ²P Polidori. ¹Università Degli Studi Di Palermo, Scuola Di Specializzazione In Farmacia Ospedaliera, Palermo, Italy; ²Aoor Villa Sofia – Cervello, Uoc Farmacia, Palermo, Italy

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Background and Importance The AWaRe classification of antibiotics, developed by the World Health Organization, is a useful tool for monitoring antibiotic consumption, defining targets and verifying the effects of stewardship policies that aim to optimise antibiotics use and reduce antimicrobial resistances. Antibiotics are classified into three groups, Access, Watch and Reserve, considering the impact on antimicrobial resistance and emphasising the importance of their appropriate use. The ‘Access’ group contains antibiotics used in the first- and second-line treatment of infections. The ‘Watch’ group contains broad-spectrum antibiotics with a higher potential of developing resistance. The ‘Reserve’ group contains last-resort antibiotics used for multidrug-resistant infections.

Aim and Objectives The aim of this study was to evaluate and monitor the consumption of antibiotics for parenteral use in the hospital wards, considering the AWaRe classification, during a period of 6 months (from January 2023 to June 2023).

Material and Methods From January 2023 to June 2023 all the requests of antibiotics for parenteral use were analysed using an informatic database and classified according to the AWaRe classification and the hospital wards. Moreover, the prescriptions appropriateness was verified by checking the validity of the documentation needed (antibiograms, infectivologist reports).

Results In the period considered 110.662 vials of antibiotics for parenteral use were dispensed. Among these, 68.096 vials (61.53%) were antibiotics from the ‘Watch’ group. Meropenem and Ceftriaxone resulted the most administered molecules, especially in Respiratory disease and Emergency wards.

26.942 (24.34%) antibiotic vials were dispensed from the ‘Access’ group and 15.624 (14.11%) from the ‘Reserve’ one. Cefazolin and Metronidazole (‘Access’) and Colistimethate (‘Reserve’) resulted the most used antibiotics in their categories, with higher prevalence in Obstetrics and Gynecology, Surgery and Respiratory disease wards, respectively.

Conclusion and Relevance We found out high antibiotic consumptions, in particular for the ‘Watch’ category, probably due to antibiotic resistance towards the molecules from the ‘Access’ group. These data confirm the importance of the role of the hospital pharmacist, who can promote adherence to guidelines and the correct use of antibiotics, actively contributing to the antimicrobial stewardship programme

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-072 SETMELANOTIDE IN MONOGENIC OBESITY: A CASE REPORT

M Suarez Gonzalez*, J Gonzalez Chavez, P Diaz Ruiz, A Martin Lopez, J Esquivel Negrin, A Santos Fagundo, J Merino Alonso. *Hospital Nuestra Señora De Candelaria, Pharmacy, Santa Cruz De Tenerife, Spain*

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Background and Importance The melanocortin 4 receptor (MC4R), component of the leptin-melanocortin pathway, plays a part in body weight regulation (hunger, satiety and energy expenditure).

Setmelanotide is a highly potent MC4R-agonist that leads to weight loss in Monogenic Obesity (MO) individuals with complete pro-opiomelanocortin (POMC) deficiency or leptin receptor (LEPR) deficiency.

Aim and Objectives To evaluate the efficacy of setmelanotide in a 3-year-old paediatric patient with MO due to LEPR deficiency (off-label use).

Material and Methods Observational, retrospective and descriptive study of a child with MO in a third-tier hospital for 6 months (April to September 2023).

The information was obtained from the Electronic Clinical History and the Pharmacy Service Managing Software.

Results The child born at 36+2 weeks with a weight appropriate to his gestational age (2.5 kg).

He was admitted in an obesity study in May 2021. He was diagnosed with MO due to LEPR deficiency in September 2021.

The child started with setmelanotide 0.5mg in April 2023 and was increased to a current dose of 1.5mg daily subcutaneous injection.

He has lost weight from 40 to 38 kg in 6 months. He also eats less food and his craving for food has decreased. Analytical levels improved from October 22 to May 23: triglycerides: 99 to 75 mg/mL; cholesterol 217 to 139 mg/dL; LDL 144 to 72 mg/dL. The patient has decreased in adipose component and has increased in muscle mass. Progress in mobility, crawling and kneeling. Sleeps through the night with a daytime nap, not always.

There are no alternative treatments suitable for the patient’s age.

Setmelanotide has demonstrated statistically significant weight loss with at least a 5% decrease in body weight after 6 months and decreased appetite, therefore it could reach a 10% after 1 year.

The child has skin rash and skin hyperpigmentation (activity at melanocortin 1-receptors (MC1R) as adverse effects).

Conclusion and Relevance Setmelanotide is the first European Medicines Agency approved medication for the treatment of POMC and LEPR deficiency in patients (children from 6 years old and adults) with MO.

In our case report is an off-label use and the child has been treated efficiently with setmelanotide for 6 months with a reduction in weight, hunger and analytical parameters.

We should evaluate the response after 1-year with setmelanotide to confirm that the treatment objectives are achieved (10%weight loss in 1-year).

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