4CPS-077 PHARMACEUTICAL INTERVENTIONS AFTER DETECTION OF NON-HANDLING MEDICATIONS IN PATIENTS WITH DYSPHAGIA

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Background and Importance Geriatric community is the main group of patients affected by oropharyngeal dysphagia. In these population, numerous pharmaceutical forms need to be handled for subsequent administration. However, this manipulation can compromise the drug´s safety and efficacy.
Aim and Objectives To analyse the interventions for the adaptation of pharmacological treatment in nursing home (NH) patients with dysphagia.
Material and Methods An observational, retrospective and descriptive study was carried out in two NH from June 2023 to September 2023. All patients with medication crushed were identified with the collaboration of the nursing staff. Biodemographic data, prescribed medications and the suggested interventions were recorded. The DEGLUFARM® guide was used for the interventions performed. The prescribing clinicians were notified.
Results 184 NH patients were included in our study. 60 of them (32.61%) had their medication crushed. Of these, 19 were male (31.67%) and 41 female (68.33%) with a median age of 86 years (ages ranging from 38 to 100 years). A total of 509 oral medications were analysed, with a median of 9 drugs per patient. Of all prescribed medications, 23 conflicting drugs prescribed in 20 patients were identified (33.33% of the patients who had their medication crushed).

According to ATC classification, the most common conflicting drugs were: 6 Alpha-adrenoreceptor antagonists (26.09%), 3 drugs for constipation (13.04%) 3 antidepressants (13.04%), and 2 anticholinesterases (8.70%). The pharmaceutical forms that sholud not be crushed were: 8 retard tablets (34.78%), 5 gastroresistant tablets (21.74%), 5 retard capsules (21.74%) 4 coated tablets (17.39%) and 1 capsule containing gastrorresistant pellets (4.43%).

The prescribing physician was notified in all cases, with the following proposals: 12 changes to a different active ingredient (52.17%), 10 changes to a different pharmaceutical form with the same active ingredient (43.48%) and 1 proposal for withdrawing due to a negative benefit-risk balance (4.35%).
Conclusion and Relevance High percentage of pharmaceutical forms that sould not be manipulated is prescribed in NH patients who have their medication crushed due to dysphagia Most of the proposed changes involve changes in active ingredients, so further clinical monitoring can be important. The pharmacists are qualified to carry out this type of intervention, improving the efficacy and safety of pharmacological treatments.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-078 QUALITY OF LIFE AND PATIENT-REPORTED OUTCOMES WITH MULTIPLE MYELOMA TREATEDS WITH DARATUMUMAB

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Background and Importance Multiple myeloma (MM) is an incurable and chronic disease, so the quality of life (QoL) of patients with MM is an important criterion to consider. The patient-reported outcomes (PROs) are a fundamental tool to know the success of a treatment in clinical practice.
Aim and Objectives Assessing QoL as a PROs in adult with MM treated with daratumumab.
Material and Methods Retrospective observational study which included patients with MM treated with daratumumab between 01/2019 and 04/2023 in a second-level Hospital.

The electronic medical record were used to search patients and treatments variables. QoL was analysed using a standardised questionnaire (EORTC QLQ-C30 v3) and the MM-specific questionnaire (QLQ-MY20) to be answered by the patients themselves. The items to be answered were the presence of symptoms classifying as 'not at all', 'a little', 'quite' and 'a lot'. The general health and the QoL were assessed with a score of 1 to 7, being 1 terrible and 7 excellent.
Results Of the 39 patients (58.97% men, median age 70 years) treated with daratumumab in the study period, 11 completed the questionnaires. In 5 of them, the questionnaire was completed on two occasions: before starting and during treatment. In the remaining 6, only during treatment. The average of treatments received at the time of completing the form was 23.25 months (SD:7.39). In active treatment, 58.17% of the responses were symptoms 'not at all'. In 30.29% were 'a little', in 10.10% 'quite a bit' and a 1. 44% 'a lot.' General health was assessed with an average of 4.2 points before treatment and 4.89 points during treatment. The QoL was assessed with 4.4 points before treatment and 5 points during treatment.
Conclusion and Relevance In general, the presence of symptoms or problems related to the disease were mostly considered by the patients themselves as null. In addition, general health and QoL improving in the patients who were given the questionnaire at the beginning and during treatment with daratumumab.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-079 INDIRECT COMPARISON OF IL-13 INHIBITORS PLUS TOPICAL CORTICOSTEROIDS IN MODERATE TO SEVERE ATOPIC DERMATITIS

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Background and Importance Lebrikizumab, tralokinumab and dupilumab are anti-interleukin-13 monoclonal antibody used as therapy in patients with moderate to severe atopic dermatitis (msAD). There are no direct comparisons among them.
Aim and Objectives To establish whether lebrikizumab plus topical corticosteroids (L-TC), tralokinumab plus topical corticosteroids (T-TC) and dupilumab plus topical corticosteroids (D-TC) can be declared equivalent therapeutic alternatives (ETA) in patients with msAD through an adjusted indirect treatment comparison (ITC) using a common comparator.
Material and Methods A bibliographic search was conducted to identify phase III clinical trial (CTs) with L-TC or T-TC or D-TC with similar populations, duration and endpoints. Inclusion criteria were: phase III, randomised, double-blinded, placebo controlled and in patients with msAD. The 90% improvement in Eczema Area and Severity Index (EASI90) at week 16 was used as the main variable. An ITC of L-TC versus T-TC and L-TC vs D-TC was performed using the Bucher method, using the Indirect Treatment Comparisons calculator from the Canadian Agency for Health Technology. Delta value (Δ, maximum difference as a clinical criterion of equivalence) was calculated using half of the ARR in EASI90 obtained in the pivotal CT of dupilumab (pooled ARR=29%; Δ =15%). The results were analysed graphically and the relative position of the 95% CI and the equivalence margin were observed. Positioning was established following the ETA Guide.
Results Included three CTs in the ITC between L-TC (Adhere), T-TC (ECZTRA 3) and D-TC (Liberty ad Chronos). The difference in EASI90 expressed as ARR (IC95%) of L-TC versus T-TC, and L-TC versus D-TC, was: 6.6 (-9–22.2) y -11 (-27–5). Applying the ETA Guide, L-TC, T-TC and D-TC could be considered ETA, being the probability of clinically relevant difference <50% (most of the 95% CI is in the equivalence range), and the failure does not involve serious/irreversible damage.
Conclusion and Relevance The ITC showed no statistically significant and clinically relevant differences in EASI90 between anti-interleukin-13 plus topical corticosteroids. These drugs could be considered ETA in most patients with msDA.

REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of Interest No conflict of interest.

4CPS-080 METASTATIC HER2-POSITIVE BREAST CARCINOMA CASE REPORT: ANTI-HER2 TREATMENT MAINTENANCE DESPITE OLIGOPROGRESSION

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Background and Importance The new anti-HER2 conjugated drugs have represented a significant advancement in the treatment and management of metastatic HER2-positive breast cancer patients, enabling the application of local ablative therapy in the case of oligoprogression, with a positive impact on the survival of these patients.
Aim and Objectives The objective of this text is to provide a comprehensive overview of the patient's medical history and treatment progression in managing HER2-positive breast carcinoma. It aims to underscore the importance of pharmaceutical interventions, interdisciplinary cooperation, and adaptability in achieving favourable treatment outcomes for patients with complex oncological conditions.
Material and Methods 51-year-old woman. Diagnosed in May 2005 with infiltrating ductal carcinoma of the left breast, underwent surgery after neoadjuvant chemotherapy + Trastuzumab, luminal B HER2-positive immunophenotype. Subsequently, received adjuvant radiotherapy + trastuzumab + hormone therapy. All treatments concluded in April 2011.
Results In January 2020, she was admitted to the Internal Medicine ward due to dyspnea related to bilateral paraneoplastic pulmonary embolism, prompting an extension study revealing multiple metastatic bone lesions. Bone biopsy confirmed infiltration by HER2-positive breast carcinoma. In February 2020, she commenced first-line systemic treatment with Docetaxel + Trastuzumab + Pertuzumab, with excellent tolerance.

In December 2021, disease progression was observed with the emergence of lung metastases and a pre-sternal nodule, while bone disease remained stable. A request was made to Pharmacy for Trastuzumab-Emtansine treatment, which commenced in January 2022.

In May 2023, there was growth of the pre-sternal lesion while other lesions remained stable. After histologically confirming the same immunophenotype, the case was discussed in a multidisciplinary committee, and it was decided to administer stereotactic body radiation therapy (SBRT) while maintaining systemic treatment for proper local control. The patient continues treatment with a good clinical course.
Conclusion and Relevance This pharmaceutical perspective highlights the patient's treatment journey and the role of various therapies in managing HER2-positive breast carcinoma, emphasising the need for adaptability and interdisciplinary collaboration to optimise outcomes.

REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of Interest No conflict of interest.

4CPS-081 CONSENSUS ON INDICATORS FOR MEDICATION-RELATED READMISSIONS: A DELPHI STUDY

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Background and Importance Medication-related readmissions (MRRs) represent a significant burden on patients and healthcare systems. Despite the relevance of MRRs, a consensus on the most important risk factors is currently lacking.
Aim and Objectives This study aimed to develop a comprehensive set of indicators for 30-day MRRs through a consensus-based Delphi study. We sought to identify and prioritise key risk factors associated with MRRs.
Material and Methods We assembled an expert panel consisting of clinical pharmacists, physicians, and nursing experts. The potential indicators were developed by conducting a scoping literature review (n = 20). The study team added eleven

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