- The high number of discontinuations causes a lot of biological turnover.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-088 FOLIC ACID, FOLINIC ACID AND HEMATOTOXIC TREATMENTS: A REVIEW AT A UNIVERSITY HOSPITAL CENTRE

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Background and Importance Studies have shown that folic acid (FA) and folinic acid (FAi) are equally effective in preventing methotrexate-related haematotoxicity. According to its marketing autorisation (MA), FA is indicated for the treatment of folate deficiency, chronic intestinal absorption disorders and supplementation during pregnancy and FAi for the prevention and correction of haematotoxicity caused by co-trimoxazole (CMX), pyrimethamine (PYM) and methotrexate (MTX).
Aim and Objectives Assessment of the compliance of prescriptions with the indications for FA and FAi at our university hospital centre (UHC).
Material and Methods A retrospective study was carried out on nominative deliveries in 2022 on 2 UHC establishments. The indication (prevention or supplementation), whether it was combined with haematotoxic treatment, and the search for vitamin B9 (VB9) deficiency prior to initiating treatment were sought using the prescription assistance software.
Results 266 patients were included in our study: 56% (n=150) received FA and 44% FAi (n=116). 84% of prescriptions complied with MA indications.

Regarding FA, a VB9 dosage was performed in 42% (n=63) of patients and a deficiency was observed in 57% (n=36) of cases. 90% (n=135) of patients received it for a supplementation and 10% (n=15) to prevent haematotoxicity due to treatment (n=11 on CMX, n=4 on MTX) and are therefore off-label.

Regarding AFi, a VB9 dosage was performed in 20% (n=23) of patients and a deficiency was identified in 22% (n=5). In 77% (n=89) of cases, FAi was used to prevent haematotoxicity during treatment (n=85 on CMX, n=3 on PYM, n=1 on MTX) and 23% (n=27) received it as a supplement and are therefore off-label.
Conclusion and Relevance Some prescriptions don't correspond to the MA indications, and the efficacy of FA has not been demonstrated in the prevention of CMX haematotoxicity. Moreover, the unit cost of FAi is higher: failure to comply with the indications may result in higher treatment costs.

Disagreement between prescribers is observed through the heterogeneity of prescriptions. To reduce the rate of non-compliant prescriptions, consultation between doctors and pharmacists needs to be developed to reach a consensus.

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4CPS-089 CLINICAL PHARMACIST EFFECTIVENESS IN HOSPITALISED PATIENTS: ANALYSIS OF THE INTERVENTION RECORD IN A SECONDARY ACUTE HOSPITAL

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Background and Importance Clinical pharmacist activity is fundamental in the hospitalised patient, since it prevents medication errors, participates in the selection of medication and facilitates medication compliance in terms of dispensing and administration.
Aim and Objectives To analyse the profile of the clinical pharmacist's interventions in patients hospitalised in a second-level hospital. Therefore, clinical needs can be discovered and preventive actions promoted.
Material and Methods Retrospective multidisciplinary, interventional study, from 08/2023 to 09/2023. Acute-hospitalised patients from medical and surgical areas were selected.
The variables recorded were intervention/day ratio, medications prevalence and their incidences and reasons for intervention. A descriptive analysis was performed using absolute frequencies and percentages.
Results 1555 pharmaceutical interventions were recorded, with a 12.34 interventions/day ratio and 7.05 implemented interventions/day/100 patients, considering 175 hospital beds.

Medications with more than 10 interventions and their incidence were: non-guide oral medications (183, hospital admission conciliation), intravenous dexketoprofen (33, kidney-failure adjustment), intravenous acetaminophen (31, therapeutic duplicity), piperacillin-tazobactam (31, treatment duration, kidney-failure adjustment), oral allopurinol (30, hospital admission conciliation), non-guide inhaled medications (25, hospital admission conciliation), intravenous potassium chloride (24, improper dosage, frequency not compatible with fluid therapy), intravenous metamizole (22, excessive dose), among others.

Abstract 4CPS-089 Table 1 Shows main reasons for the interventions

Intervention reasons (n=1555)	Absolute frequency	Percentage (%)
Other intervention reasons	283	18.3
Facilitate compliance	258	16,6
Incomplete order	182	11,7
Therapeutic duplication	139	8,9
To promote compliance	114	7,3
Home treatment not prescribed	91	5,9
Overdose	89	5,7
Therapeutic exchange	87	5,6
Allergies not introduced	78	5,1
Excessive duration	70	4,5
More frequent than recommended	66	4,1
Under-dosage	58	3,7
Needs additional treatment	40	2,6