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18th ISoP Annual Meeting "Pharmacovigilance without borders"
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ABSTRACTS

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Methods: A 31-year-old woman with a medical history of type 1 diabetes, hypothyroidism, prolactine adenoma, osteoporosis and nephritic syndrome (all diseases were stable), was hospitalized for generalised maculopapular rash, fever, bilateral lymphadenopathies on cervical chain. Symptoms appeared 3 weeks after the initial of sulfasalazine treatment for chronic diarrhea. Initial laboratory tests were as follows: hyperleucocytosis (24 × 103/μL), hypereosinophilia (5%, 1200) increase transaminases (AST:168 U/L, ALT: 130 U/L), total bilirubin 28 mg/dl (NR 0.2–1), alkaline phosphatase (ALP) 269 U/L (NR < 140), gamma GT (186 U/L < 50). All test results for viral and autoimmune hepatitis were negative. DRESS syndrome to sulfasalazine was suspected. The patient was treated with corticosteroid. All symptoms improved after discontinuation of sulfasalazine and 4 weeks of corticosteroid. Skin biopsy showed a spongiotic epidermatitis with a many lymphocytic infiltrate and many necrotic keratinocytes. In the dermis, biopsy showed important extravasation of red blood cells with inflammatory eosinophilic infiltrate suggestive of immunoallergic purpuric capillaritis. The diagnosis of DRESS syndrome to sulfasalazine was retained. The pach test was negative.

Results: Sulfasalazine is a compound consisting of sulphapyridine (a sulphonamide) and 5-aminosalicylic acid. Sulfasalazine is known to induce DRESS syndrome [2]. DRESS syndrome is a hypersensitivity syndrome. It presents with severe cutaneous eruption, fever, lymphadenopathy, hepatitis, haematological abnormalities with eosinophilia, atypical lymphocytes and may also involve other organs. The multi-organ involvement differentiates this entity from other common drug eruptions. DRESS has been associated with higher morbidity and mortality compared to other adverse drug reactions [1].

Conclusion: Sulfasalazine is known to induce DRESS syndrome. Early diagnosis and treatment can reduced morbidity and mortality.

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Disclosure of Interest: None declared.

ISoP18-1292 Adverse Drug Events Observed in Elderly Patients: Restrospective Study During Six Years

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Background/Introduction: The elderly constitute a particularly heterogeneous population, due to the considerable variability associated with the aging process

The characteristics of geriatric patients suggest that a large number of adverse events should occur in this population.

Objective/Aim: The purpose of our study is to enumerate the adverse events occurring in patients over 65 years old and to classify them according to NCC MERP Index for Categorizing Medication Errors. This work also aims to list the therapeutic classes involved in the occurrence of these adverse effects.

Methods: This is a retrospective study, from January 2010 to September 2016. The method used to collect the adverse effects was spontaneous notifications. These data are subsequently entered on the database of the Moroccan Poison Control and Pharmacovigilance Center.

Results: On a total of 16,323 cases reported between 2010 and 2016, 990 notifications correspond to adverse events observed in geriatrics, that is represented 6%. The median age is 72 years.

A total of 1491 side effects were reported,because each notification contains one or more adverse events. 75% (n = 743) of the study population have multidrugs. Nausea and vomiting,qualified category A, were the most observed with 20.8% (n = 206) followed by skin rash, category C, representing 19.1% (n = 189), and third, general disorders with 15.5% (n = 155); who required hospitalization are qualified category F.

The main therapeutic classes are anticancer drugs with 26.1% (n = 258),knowing that the therapeutic dose was respected, followed by cardiovascular system drugs with 23.8% (n = 236) represented mainly by antithrombotic agents and antihypertensives drugs with 22% (n = 218).

Of the total cases, 26.5% (n = 303) were considered severe, of which 59 cases had evolved towards death.

Conclusion: The heterogeneity of the elderly population resulting in particular from a polymedication and a large polymorbidity is responsible for a very variable therapeutic response according to the individuals, leading to therapeutic failures or to the occurrence of adverse events.

With effective pharmacovigilance based on spontaneous notification, however, it will be possible to sensitize doctors to problematic drug classes to enable rapid detection of a potential adverse effect in these population.

Disclosure of Interest: None declared

ISoP18-1297 Impact of the Doctor-Patient Relationship on Non-compliance with Pharmacological Medical Prescription in Chronic Disease. A Cross-Sectional Study

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Background/Introduction: In developed countries chronic disease is currently the main reason why people betake to health care [1]. Negative effects of non-compliance with medical prescription reduce the clinical benefits of the medication, leading in most cases to the use of unnecessary treatments, hospitalization and death [2]. Factors associated with non-compliance with medical prescription may be related to: the doctor-patient relationship, the treatment, the health system, the health condition and the socioeconomic situation.

Objective/Aim: To assess the impact of the doctor-patient relationship on non-compliance with pharmacological medical prescription in chronic disease.

Methods: A cross-sectional design was developed based on a random sample of 141 patients with pathologies covered by Portuguese Exceptional Legislation. To collect the data, it was applied a questionnaire by interview between July 2017 and April 2018. The questionnaire included a list of non-compliance factors associated to doctor-patient relationship, developed by Cabral & Silva (2010) [3]. The IBM SPSS 24.0 software was used to analyse the data. Besides descriptive statistics, the data analysis

involved the estimation of a logistic regression model, at a confidence level of 95%.

Results: Chronic patients were aged between 20 and 95 years old, with a mean age of 65.3 years (SD = 19.39). Most were female (51.8%), married or lived in marital cohabitation (62.4%), retired (55.3%), and had up to the 3rd cycle of schooling (61%) and an income up to € 1000 (62.4%). These patients suffered from Chronic Renal Insufficiency (CRI) (63.1%), Rheumatoid Arthritis (RA) and Psoriatic Arthritis (PA) (20.6%), Multiple Sclerosis (MS) (10.6%), Amyotrophic Lateral Sclerosis (ALS) (2.1%), Hepatitis C Virus (HCV) (2.1%), Hepatic disease (HD) (0.7%) and Gaucher Syndrome (GS) (0.7%). The active substances most dispensed were: ferrous sulphate (76.6%), folic acid (73.8%), calcium polysterenonosulfonate (53.2%), alfacalcidol (48.9%), epoetin β (43.3%), complex B (26.2%) for CRI; adalimumab (8.5%), etarnecept (7.1%) and Ustecinumab (4.3%) for RA and PA; interferon B (8.5%) for MS. Modal treatment time was 24 months. The main reason for non-compliance associated to doctor-patient relationship dimension was "the doctor prescribes too many medicines" (35%). The second most mentioned reason was "the fear to ask questions" (18.4%), followed by "I do not understand what doctors say" (17.5%) and the "lack of confidence in doctors" (6.8%). A patient who does not consider that "the doctor prescribes too many medications" has a lower risk of non-compliance with the therapeutic prescription [OR = 0.262; CI (95%) 0.112–0.617].

Conclusion: The doctor-patient relationship is fundamental for compliance with the prescribed therapy and consequently for the improvement of the clinical benefits of medication and well-being of the patient.

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ISoP18-1298 CAST Analysis of UK Pregnancies Reported During/After Isotretinoin Administration. Proposal for Application in a Global Safety Study

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Background/Introduction: Isotretinoin, a retinoid derivative of Vitamin A, is an oral medicine first approvedin the US in 1982 that is prescribed for the treatment of acne when other treatments do not work. Within a few years after launch, it became apparent that exposure to isotretinoin during pregnancy carried a greatly increased risk of foetal malformation. Numerous standard risk management approaches based on labelling and education have failed to adequately prevent women becoming pregnant whilst using this medicine. Several strategies, based on pregnancy prevention programmes (PPPs), have helped reduce the number of pregnancies in women receiving retinoids by mouth, but the number of pregnancies remains unacceptably high. Indeed, a recent analysis of the effectiveness of PPPs supported the widespread suspicion that they are not being followed in practice and that there is enormous inconsistency globally. Because isotretinoin is a valuable medicine for disfiguring acne, there is a need to intensify efforts to control pregnancy in exposed women and develop a common model which can be understood and applied internationally.

Objective/Aim: The aim of this original research was to apply Causal Analysis using System Theory (CAST) based on Systems Theoretic Accident Model and Processes (STAMP) [1]to analyze the spontaneous events of pregnancies that have reported during or after the administration of isotretinoin in the UK and to identify vulnerabilities and flaws in the safety management system.

Methods: The post-authorization spontaneous cases were obtained from the EudraVigilance database of the European Medicines Agency (EMA) via the Medicines and Healthcare Products Regulatory Agency (MHRA). The data concerned cases of pregnancies that had been reported to the MHRA in the United Kingdom during the period 01 January 2005 to 30 September 2017.

Results: The results included important failures of the controllers and of the physical component of the system, revealing failures in two control loops in the safety control structure of the system. Based on the unsafe control actions that were revealed, we have advised some changes in the Pregnancy Prevention Program with several recommendations for the controllers of the system.

Conclusion: CAST revealed important failures and system complacency across the different levels. Furthermore the easy application of CAST might well be an important way for investigating systems future failures concerning teratogenic drugs and pregnancy cases. CAST showed that such spontaneous reports of pregnancy can contribute real value in causal analysis when the information is pooled systematically.

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Disclosure of Interest: None declared.

ISoP18-1299 Factors of Non-adherence to Therapy in Chronic Patients with Pathologies Covered by Specific Legislation in Portugal

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Background/Introduction: Medication adherence is a multidimensional phenomenon determined by the interaction of factors of diverse nature. The World Health Organization classified in five groups the reasons for non-adherence to therapy, related to, patient, disease, therapy, health system and socioeconomic factors [1].

Objective/Aim: To identify the most prevalent extrinsic and intrinsic factors for non-adherence to therapy and to verify the existing differences taking into account the socioeconomic variables.

Methods: A random probabilistic sample of 141 outpatient suffering from pathologies covered by specific legislation with dispensing medicines at the hospital pharmacy, treated at the Local Health Unit of the Northeast in