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No conflict of interest

## CP-201 POLYPHARMACY AND POTENTIALLY INAPPROPRIATE MEDICATIONS IN GERIATRIC OUTPATIENTS

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**Background** The growing ageing population and increasing prevalence of chronic diseases requires the simultaneous use of drugs, leading to issues of polypharmacy and potential interactions and inappropriate use.
**Purpose** To evaluate the prevalence of polypharmacy and potentially inappropriate medication (PIM) use and the association between these and number of prescribing medications and number of physician office visits in older adults.
**Material and methods** Using the Healthcare Information System (HIS) in Taipei City Hospital, we enrolled 159 elderly adults (aged ≥80 years) who had been prescribed 10 or more chronic medications (drugs prescribed for ≥28 days) and visited three or more different physician offices from 1 April 2016 to 30 June 2016. The EU(7)-PIM list was used to determine the potential inappropriateness of prescribed medications. Data were analysed using multiple regression analysis by the SPSS 22. A value of $p<0.05$ was considered statistically significant.
**Results** We enrolled 159 patients in our study where the ratio of men:women was 89:70. Mean (SD) age of our patients was 85.8 (10.2) years. The mean rate of prescribing medications was 14.1 (2.7) (maximum=19) orders per day, and number of physician office visits was 3.5 (0.5) (maximum=6). In the study, PIM use was common (94.5%) in geriatric outpatients and the number of PIM was 2.9 (0.5) (maximum=8). The most commonly prescribed PIM were sennoside (13.1%), theophylline (8.0%), piracetam (7.7%) and PPI (>8 weeks) (6.0%). In multiple regression analysis, PIM use was significantly associated with number of prescribing medications ($p<0.001$) and number of physician office visits in older adults ($p=0.028$).
**Conclusion** Of the 159 elderly persons in the study population, 150 (94.5%) received at least one PIM. Maybe we will establish computerised warning system and embed this into the HIS to decrease the medication number and PIM. The mainstay for preventing and managing polypharmacy remains heightened awareness of patients at risk. Pharmacovigilance is required by the patient, physician and pharmacist in thoroughly reviewing and reconciling the patient's medication regimen at every opportunity.


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No conflict of interest

## CP-202 USTEKINUMAB TREATMENT IN REFRACTORY INFLAMMATORY BOWEL DISEASE

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**Background** Ustekinumab is a human monoclonal antibody against interleukin 12 and interleukin 23. Its use in inflammatory bowel disease (IBD) is little known.
**Purpose** To evaluate the effectiveness and safety of ustekinumab in adults with moderate to severe IBD resistant to anti-tumour necrosis factor (TNF) treatment.
**Material and methods** A retrospective observational study was carried out which included all patients with refractory IBD treated with subcutaneous ustekinumab from January 2012 to date. Data on demographic and clinical characteristics, indications, posology and duration of treatment, previous and concomitant therapies, adverse events and clinical evolution were collected from the electronic health record and the assisted electronic prescription programme. Effectiveness was defined as clinical improvement, and ineffectiveness as treatment suspension due to lack of response or clinical worsening.
**Results** 7 patients were included (mean age 40.7 years, 43% men). Indications for use were ulcerative colitis (UC) in 2/7 patients (28.6%) and Crohn´s disease (CD) in 5/7 patients (71.4%). The induction pattern was 90 mg weekly (4 doses) and the maintenance pattern 90 mg every 2 or 8 weeks; the mean number of administered doses was 8 (1–14). All patients had previously received infliximab, adalimumab or golimumab with inadequate response or intolerance, which placed ustekinumab in the second–fourth line of biological treatment. Currently, 3 patients continue receiving ustekinumab, showing clinical remission and therefore are considered cases in which the drug was effective. With regard to adverse events associated with ustekinumab, only 1 patient reported asthenia.
**Conclusion** Ustekinumab is a therapeutic approach for IBD treatment in clinical practice in patients with poor response or intolerance to other biological therapies, especially in patients not responding to anti-TNFα. Available data are still limited and therefore future prospective studies assessing its suitability in this context will be required.

No conflict of interest

## CP-203 EFFICACITY AND SAVETY OF NIVOLUMAB IN PATIENTS WITH LUNG CANCER: A RETROSPECTIVE COHORT STUDY

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**Background** Nivolumab is indicated for the treatment of patients with squamous and non-squamous non-small cell lung cancer (NSCLC) locally advanced or metastatic after failure of chemotherapy. French marketing authorisation approval for this immunotherapy was based on two pivotal studies,



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