

THERAPEUTIC ADVANCES in *Drug Safety*

Contents

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Abstract-Post-29 Regulatory Strategies for Drug Risk Management

Implementation of safety strategies in the administration of Lasa and high-alert medications

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Background: Medication safety remains a challenge in clinical settings, requiring standardized practices and trained teams [1]. Guideline No. 008/2023 reinforces the need for a systematic approach to risk management throughout the medication-use process [2]. Additionally, DGS (2021) specifically addresses the risks associated with LASA medications, emphasizing the importance of clear identification and differentiation strategies [3]. **Objective:** To analyze Guideline N. 008/2023 and identify practical strategies for implementing safe medication practices, with a focus on look-LASA and high-alert medications (HAMs), promoting a patient-centered safety culture. **Methods:** An integrative literature review was conducted between 2018 and 2024 using Google Scholar, with the search terms “look-alike, sound-alike drugs”, “high-alert medications”, and “safety strategies”. Studies published in English and Portuguese were included, as well as guidelines issued by the DGS, addressing safety strategies in the administration of LASA and HAMs. A qualitative analysis identified key measures such as Tall Man lettering, physical segregation, electronic alerts, clinical decision support, staff training, and the promotion of a safety culture. Guideline No. 008/2023 was reviewed as the central normative reference. **Results:** Evidence highlights the importance of developing institutional lists of LASA and HAMs, using visual differentiation strategies, providing ongoing staff training, implementing incident reporting and analysis systems, conducting regular internal audits, and creating multidisciplinary safety workgroups. These measures contribute to error prevention and the strengthening of a safety culture. **Conclusion:** The implementation of standardized guidelines and procedures is essential to reduce adverse events and foster continuous improvement in healthcare quality and safety.

Keywords: Medication Safety, LASA Medications, Adverse Events

References

1. Fernandes Godinho, L., Carreira, C., & Martins, C. (2018). Medicamentos look-alike, sound-alike: Um velho conceito sempre em atualização look-alike, sound-alike drugs: An old concept always in update. *Revista Da Sociedade Portuguesa de Anestesiologia*, 27(3), 20–24.
2. Direção Geral da Saúde (2023). *Medicamentos de alta vigilância*.
3. Direção Geral da Saúde (2015). *Medicamentos com nome ortográfico, fonético ou aspetos semelhantes*.

TOPIC: OTHER**Abstract-Post-03 Other**

The rational use of medicines in the treatment of vaginal fungal infections by the female population residing in Portugal

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Background: Vulvovaginal candidiasis is the second most common cause of vaginitis, affecting approximately 75% of women worldwide [1,2]. It can be classified as either uncomplicated or complicated vulvovaginal candidiasis [3]. **Objectives:** The aim of the present study is to assess the knowledge of the Portuguese female population regarding genitourinary infections and the appropriate selection of medicines for their treatment. **Methods:** This observational study included 519 female participants, aged 18 years or older, residing in Portugal, who responded anonymously to an online questionnaire, between 26 March and 10 April, 2024. The scientific validity of the questionnaire was assessed using Cronbach’s alpha, with a sample of 30 participants. Data were analysed using SPSS software, specifically employing Fisher’s exact test and the Kruskal–Walli’s test. **Results:** It was found that 78.1% of participants identified fewer than half of the risk factors for vulvovaginal candidiasis, while 64.16% incorrectly considered a malodour to be a characteristic symptom. Additionally, 93.3% were aware of fewer than half of the available medicines for the

treatment of uncomplicated vulvovaginal candidiasis. Furthermore, 71.6% and 83.6% of participants reported lacking the autonomy to self-medicate in cases of uncomplicated and complicated vulvovaginal candidiasis, respectively. **Conclusions:** A knowledge gap was identified among Portuguese women regarding vulvovaginal candidiasis and its pharmacological treatment. Educational level and age were found to significantly influence women's knowledge of condition. The study highlights a deficiency in literacy regarding vaginal fungal infections within the Portuguese female community.

Keywords: vulvovaginal candidiasis, women, antifungals

References

1. Anderson, M. R. (2004). Evaluation of Vaginal Complaints. *JAMA*, 291(11), 1368.
2. Workowski, K. A., Berman, S., & Centers for Disease Control and Prevention (CDC). (2010). Sexually transmitted diseases treatment guidelines, 2010. *MMWR. Recommendations and Reports: Morbidity and Mortality Weekly Report. Recommendations and Reports*, 59(RR-12), 1–110.
3. Achkar, J. M., & Fries, B. C. (2010). Candida infections of the genitourinary tract. *Clin Microbiol Rev*, 23(2), 253–273.

Abstract-Post-09 Other

Validation of a competency-based protocol for video simulation assessment in parenteral nutrition compounding

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Background: Compounding PN is a complex and high-risk task for pharmacy professionals, with documented reports of serious injuries and even fatalities linked to errors in this process. Consequently, comprehensive training and rigorous assessment are crucial for pharmacy students

and professionals involved in PN compounding.

Objectives: This work aimed to develop and validate a protocol for an asynchronous assessment program specifically designed for compounding PN admixtures. **Methods:** The program is based on a video simulation, where individuals identify deliberately introduced errors in a simulated environment. We conducted a comprehensive literature search across PubMed and Web of Science (2004–2023) to identify the essential contents for a robust PN compounding assessment program. Concurrently, for a Delphi panel evaluated the assessment script. **Results:** A preliminary document outlining specific key competencies was developed. These competencies included: (i) meticulous aseptic technique, (ii) accurate volume measurement, (iii) understanding component compatibility, (iv) proficient use of puncture devices, and (v) correct manipulation of glass ampoules. The panel comprised 54 experts that met the inclusion criteria (minimum 5 years of experience in PN compounding and higher education in pharmacy). A consensus of 80% or higher was successfully achieved among the expert panel on the identified competencies. This significant agreement validates the proposed content for the assessment program. **Conclusion:** With this validation, it will be possible to create the video in accordance with the recommendations from the literature as well as expert opinions. This asynchronous health simulation is expected to enhance the assessment of pharmacy students and professionals in PN compounding.

Keywords: Parenteral Nutrition, Health Simulation, Pharmacy Assessment

References

1. Garnier, A., Vanherp, R., Bonnabry, P., & Bouchoud, L. (2023). Use of simulation for education in hospital pharmaceutical technologies: A systematic review. *European Journal of Hospital Pharmacy*, 30(2), 70.
2. Mirtallo, J. et al. (2004). Task Force for the Revision of Safe Practices for Parenteral Nutrition—Safe Practices for Parenteral Nutrition. *Journal of Parenteral and Enteral Nutrition*, 28(6).
3. Worthington, P. et al. (2017). When Is Parenteral Nutrition Appropriate? *Journal of Parenteral and Enteral Nutrition*, 41(3), 324–377.