

**Objective/Aim:** We report herein an exceptional case of agranulocytosis in a patient treated for probable pulmonary aspergillosis.

**Methods:** This case was notified on January 8th 2018 and was analyzed according to the french updated method for the causality assessment of adverse drug reactions [1].

**Results:** A 33-year-old patient, treated with hematopoietic stem cell transplant on August 2017 for aggressive lymphoma, was prescribed on September 7th, voriconazole at the dose of 250 mg twice a day, for probable pulmonary aspergillosis. On November 16th (approximately 2 months later), the patient was admitted urgently for non-specific respiratory symptomatology. He was not febrile and laboratory tests showed agranulocytosis (0 PNN/mm<sup>3</sup>). Voriconazole was stopped. Twelve days later, the blood count was normal. Myelogram showed hypercellular bone marrow with dysmaturity of granulocytic cells (maturation blocking aspect).

**Conclusion:** According to the French method of imputability and the consensus meeting on granular or platelet cytopenias to a drug, it appears that only the occurrence of isolated and reversible granular cytopenia should be considered as evoking a drug. In our case, with regard to the chronology, the delay of appearance of agranulocytosis can be considered as suggestive and evolution too, since the blood count was normal after 12 days of stopping the drug. So the implication of voriconazole was valued as likely.

However agranulocytosis has been reported in less than 2% of all patients treated with voriconazole in all therapeutic studies, clinicians should be aware and control blood count regularly even in case of a prolonged period treatment.

**References:**

1. Arimone Y, Bidault I, Dutertre J-P, et al. Updating the French method for the causality assessment of adverse drug reactions. *Thérapie* 2013;68:69–76

**Disclosure of Interest:** None declared.

## ISoP18-1430 What Think Older Patients About Their Medicines?

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**Background/Introduction:** Polypharmacy associated to the cognitive and physical functioning decline prone older patients to Drug-Related Problems. Drug-related problems are responsible for great percentage of hospitalizations and consequently increasing health care costs. Nevertheless, there are few studies exploring what older patients think about their medicines and how they are managing their medicines.

**Objective/Aim:** To explore how older patients are taking their medicines.

**Methods:** A qualitative research, in the form of focus group, was developed with older patients recruited in health primary care centers in inland region of Portugal, one of the most aged of the country. The sessions were moderated by a researcher, following a top guide, and were audio-recorded and transcribed by another researcher. The study was developed during May 2018. Participants were informed about the aim and the methodology of the study. A signed informed consent was obtained from each one of the participants. The study was approved by the ethical

committee of the Center Health Region of Portugal, and from the Portuguese Data Protection Authority.

**Results:** Four focus groups were conducted with older patients (n = 25) taking more than five medicines. In general, all patients consider that medicines are important for them. Initially, the patients reported no problem with the management of their medicines, however, negative attitudes were revealed during the session. The main causes of incorrectly use of medicines observed was related with forgetfulness to take it, with uncertainty or lack of knowledge about the aim or function of the medicines. It was also observed that a large number of patients changes their medicines regimens (drugs being stopped, dosage modification, new drugs started). Patients revealed that they don't report to the doctor their own alterations to the medicines regimens; the main cause of this behavior is related with forgetful, and with the fact that patient's don't want to see the doctor annoyed. Regarding the information on package leaflet, patients reported that they don't like to read it, because it is very complicate to understand and they "see many contra-indications and adverse reactions".

**Conclusion:** Older patients have the perception that medicines are important to improve their health. However, many of them are using their medicine incorrectly resulting in a large number of drug related problems in these population. Strategies should be developed to improve the efficient use of medicines by older adults.

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## ISoP18-1434 Acute Generalized Exanthematous Pustulosis Induced by Tenonitroazole

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**Background/Introduction:** Acute generalized exanthematous pustulosis (AGEP) is a severe form of toxin that associates a characteristic maculopustular rash, fever, and polymorphonuclear neutrophil leukocytosis [1]. It is also characterized by a delay of onset after treatment often shorter than that of maculopapular exanthemas. We report a case of PEAG induced by Tenonitroazole in a 38-year-old woman.

**Objective/Aim:** The aim of this work is to determine the causality assessment between Acute generalized exanthematous pustulosis (AGEP) and the administration of the Tenonitroazole.

**Methods:** A 38-year-old woman developed a table of febrile exanthematous pustulosis 2 days after taking Tenonitroazole (ATRICAN<sup>®</sup>) orally for the treatment of leucorrhoea. She had no history of psoriasis. The biological assessment showed neutrophil leukocytosis, and a high CRP. The patient was hospitalized because of the effect, treatment with