further improvement, especially in patients referred from other hospitals.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-231 ARE WE SUSTAINABLE? A BASELINE QUESTIONNAIRE REGARDING THE ENVIRONMENTAL IMPACT OF PHARMACY PRACTICE ACROSS THE COUNTRY

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Background and importance We are on course for a global temperature rise which will see millions of people displaced, injured or dying through rising sea levels, starvation and disease by the end of this century. The health costs are projected to be extraordinary. The use of medicines and medicinal products create waste and pollution. The COVID pandemic and the relentless consumption of personal protective equipment (PPE) has escalated this issue. We must strive towards reducing waste, and ultimately pollution, in order to increase sustainability both for our patients, and for global health.

Aim and objectives To determine the awareness of qualified pharmacists across the UK with regard to the health risks of a climate crisis, as well as the impact of pharmacy on the environment.

Material and methods In July 2021, we invited all of our members (n=4788) to complete a short survey to gauge their understanding of the role of pharmacy in the promotion of a sustainable approach to healthcare via an emailed link to a 10-item survey in Webropol. The results were analysed using descriptive statistics and thematic analysis. No completion incentives were offered. Ethical approval was not required for this study.

Results One hundred and seven pharmacists responded to the survey (2.23% response rate). Ninety-four percent of respondents believed that there were aspects of pharmacy practice. Themes to improve sustainability included; sustainable prescribing and deprescribing, raising awareness and penalties for poor practice. Sixty-five percent of respondents provided suggestions on how the proposed changes could be measured, such as measuring the carbon footprint of your organisation, creating energy and waste logs as well as encouraging working from home. Ninety-four percent of respondents believed that aspects of practice were wasteful, and only 37% felt empowered to make change in their organisation. Ninety percent of respondents believed that an increased focus on climate change was required at an organisational level and that leadership was required at all levels of practice.

Conclusion and relevance Survey respondents believe that aspects of pharmacy practice are not sustainable; however, most do not feel empowered to make change. There is a need for national guidance to support changes in practice, and for local champions and leadership at all levels.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-232 PHARMACIST-LED MEDICATION REVIEW UNVEILED MORE MEDICATION-RELATED PROBLEMS IN POSSIBLY MEDICATION-RELATED HOSPITALISATIONS THAN IN UNLIKELY MEDICATION-RELATED HOSPITALISATIONS IN ELDERLY PATIENTS

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Background and importance Elderly patients are prone to unsafe and/or ineffective pharmacotherapy. Medication-related admissions are common in older people and over half of these hospitalisations are preventable.

Aim and objectives The aim of this study was to identify medication-related problems associated with medication-related admissions in hospital in older people.

Material and methods We performed a retrospective study by analysing the folders of patients over 75 years old, undergoing pharmacist-led medication review as part of the multidisciplinary geriatric mobile team, between March and October 2021. We performed the assessment tool for identifying hospital admissions related to medicine (AT-HARM10) to assess hospital admissions as being either possibly or unlikely medication-related (MRH). First, we compared demographic- and therapeutic-related variables between possibly and unlikely MRH. Therapeutic-related variables were number of treatments upon admission, potentially inappropriate medication as measured by both START/STOPP and PIMcheck, number of drug interactions, drug burden index (DBI), and number of medication errors during medication reconciliation at admission. Secondly, we performed univariate logistic regression by calculating odds ratios with 95% confidence intervals to identify mediation-related problems associated with MRH.

Results We included 67 patients, 32 possibly MRH and 35 unlikely MRH. Most demographics were comparable between the two groups except a higher proportion of women (81.3% *vs* 54.3%; $p<0.05$) and less under nutrition (16.7% *vs* 54.5%; $p<0.05$) in possibly MRH. In possibly MRH, we found higher numbers of (i) START/STOPP items (4.8 ± 2.7 *vs* 2.3 ± 2.0; $p<0.05$), (ii) PIMcheck overuses (2.0 ± 1.7 *vs* 1.3 ± 1.4; $p<0.05$), (iii) drug interactions (8.7 ± 8.9 *vs* 4.6 ± 4.9; $p<0.05$) and a higher DBI score (0.9 ± 0.8 *vs* 0.3 ± 0.5; $p<0.05$). Interestingly, we unveiled more medication errors during medication reconciliation at admission in possibly MRH (4.3 ± 3.3 *vs* 2.7 ± 2.3; $p<0.05$).

START/STOPP items (OR 1.54; 95% CI 1.21 to 1.96), PIMcheck overuses (OR 1.5; 95% CI 1.05 to 2.13), drug interactions (OR 1.13; 95% CI 1.02 to 1.24) were identified as medication-related problems associated with MRH. DBI (OR 5.8; 95% CI 2.05 to 16.42) was also significantly associated with MRH.

Conclusion and relevance Our results illustrate a balanced proportion of MRA in patients treated by the multidisciplinary geriatric mobile team. We unveiled more medication-related problems in patients possibly MRH than in unlikely MRH, suggesting that AT-HARM10 may be used to identify patients requiring priority on pharmacist-led medication review.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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