

Aim and objectives To study the impact of a strategy to improve safe handling procedures for HDs and to review medical prescriptions.

Material and methods A prospective multicentre study was conducted in 25 nursing homes (NH), 18 day care centres (DC) and 13 centres for people with intellectual disabilities (CPID), with 2500 healthcare professionals serving 7501 users. The intervention consisted of creating standardised work procedures and developing two training sessions for doctors and managers. Subsequently, HD treatments were reviewed according to INFOME (a Spanish HDs database) and different interventions were developed to withdraw, replace or reduce HD manipulation. Interventions were compiled and their acceptance was calculated.

Results A total of 58 656 lines of treatment were analysed, resulting in 2732 HDs (4.7%) in 2394 users without the ability to self-administer their medicines: 7.6% HDs in group 1, 43.1% HDs in group 2 and 49.3% HDs in group 3. For HDs, 41.1% required handling for preparation and administration: 8.5% in group 1, 36.7% in group 2 and 54.8% in group 3. The most frequent drugs were risperidone (22.6%), acenocoumarol (22.3%), valproic acid (8.9%), clonazepam (7.4%), spironolactone (7.0%), carbamazepine (4.7%) and paroxetine (4.3%) which accounted for 75.0%. A total of 584 interventions were made (percentage acceptance): 86 (69.8%) withdrawn as not need, 103 (29.1%) replaced, 369 (39.0%) switched to another drug presentation which required less manipulation, 9 (55.5%) optimised administration frequency, 9 (33.3%) optimised drug schedule and 8 (0.0%) changed pharmaceutical form. Global acceptance was 42.0%. After the intervention there were 1924 HDs: 9.0% in group 1, 25.5% in group 2 and 65.5% in group 3. HDs were reduced by 29.6% due to risperidone and paliperidone which were no longer considered dangerous by NIOSH during the study period (83.0%), withdrawals (7.4%), lost (5.9%) and replaced with other non-HDs (3.7%).

Conclusion and relevance The exclusion of risperidone and paliperidone has meant a significant reduction in the prescription of HDs in nursing homes. This particular prescription review, supported by standardised procedures, individual interventions and training, also contributed to the adequacy of HD prescriptions. The pharmacist is a key advisor in HD safe handling strategies, including in nursing homes.

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. Infomep database. Available at: <http://infomep.inssbt.es/>

No conflict of interest.

4CPS-165 ANALYSIS OF ANTIBIOTIC CONSUMPTION IN A NURSING HOME

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Background and importance Some studies have concluded that antibiotic consumption in nursing homes is more elevated than in the community. However, in our area, it is not well known. Inappropriate use of antimicrobials is one of the most important problems of drug misuse because it can lead to a major incidence of antimicrobial resistance.

Aim and objectives To analyse antibiotic consumption in a nursing home and to compare it with antimicrobial consumption in our community.

Material and methods An observational study was carried out from July 2018 to June 2019 in residents of a nursing home (30% dependents and 70% in social exclusion). The variables recorded were number of residents per month, global defined daily dose (DDD) of antibiotics (ATC J01-J02)/1000 residents/days, DDD of amoxicillin-clavulanic acid/1000 residents/day, DDD of quinolones/1000 residents/day and DDD of fosfomicin trometamol/1000 residents/day. These results were compared with the available data from primary care.

Results The mean number of residents was 89 (87–101).

The global DDD/1000 residents/day was 80.8 (third trimester 2018), 56.5 (fourth trimester 2018), 101.6 (first trimester 2019) and 82.4 (second trimester 2019).

The DDD of amoxicillin-clavulanic acid/1000 residents/day was 15.1 (third trimester 2018), 8.4 (fourth trimester 2018), 26.7 (first trimester 2019) and 15.9 (second trimester 2019).

The DDD of quinolones/1000 residents/day was 30.4 (third trimester 2018), 13.6 (fourth trimester 2018), 12.6 (first trimester 2019) and 2.8 (second trimester 2019).

The DDD of fosfomicin trometamol/1000 residents/day was 1.9 (third trimester 2018), 0 (fourth trimester 2018), 0.6 (first trimester 2019) and 2.3 (second trimester 2019).

The global DDD/1000 inhabitants/days in primary care was 14.1 (third trimester 2018), 15.9 (fourth trimester 2018) and 15.4 (first trimester 2019).

The DDD of amoxicillin-clavulanic acid/1000 inhabitants/day was 5.5 (third trimester 2018), 5.5 (fourth trimester 2018) and 4.3 (first trimester 2019).

The DDD of quinolones/1000 inhabitants/day was 1.2 (third trimester 2018), 1.3 (fourth trimester 2018) and 2.2 (first trimester 2019).

The DDD of fosfomicin trometamol/1000 inhabitants/day was 0.4 (third trimester 2018), 0.4 (fourth trimester 2018) and 0.3 (first trimester 2019).

Conclusion and relevance Global antibiotic consumption in the nursing home was approximately six times higher than in primary care, mainly due to the prescription of quinolones. Antimicrobial stewardship programmes are necessary to improve the use of antibiotics in this population.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-166 ANALYSIS OF THE MAINTENANCE RATE OF LONG ACTING INJECTABLE ANTIPSYCHOTIC TREATMENT IN OUTPATIENTS

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Background and importance Long acting injectable antipsychotics have emerged to improve adherence and reduce the risk of relapse in patients with psychiatric disorders.

Aim and objectives The aim was to evaluate the maintenance rate of long acting injectable antipsychotics in real life.

Material and methods A retrospective observational study was conducted from April 2017 to April 2019 in outpatients in