

with different anticholinergic scales (six of 13 studies with hospitalised patients).

Conclusion A high anticholinergic burden may increase the risk of mortality in older adults, but further well-designed research is needed to confirm this finding. A reduction of anticholinergic burden could be a cautious strategy to reduce the risk of mortality and other adverse outcomes. Hospital is a suitable setting to perform medication reviews in older adults to reduce this risk and clinical pharmacists can play an important role for this purpose.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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5PSQ-133 DRUG-RELATED HOSPITAL ADMISSIONS IN AN ACUTE GERIATRIC UNIT AND ASSOCIATED FACTORS

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Background Older adults are at high risk of adverse drug events (ADEs) and these are often a cause of hospitalisation in this population. Factors associated with drug-related hospital admissions are not well known.

Purpose To estimate the prevalence of drug-related hospital admissions and most common responsible drugs in an Acute Geriatric Unit, and assess the associated factors.

Material and methods Cross-sectional observational study of over 75 years' old patients consecutively admitted to an Acute Geriatric Unit in a third-level hospital. A review panel (geriatrician and a clinical pharmacist) registered if the hospital admission was mainly caused by an ADE or it may have contributed to it, according to clinical criteria after a Comprehensive Geriatric Assessment. Socio-demographic and clinical characteristics of included participants were registered from medical records and patient interview. Multivariate logistic regression was used to identify predictors of hospital admissions associated with ADEs. The following factors were included in the analysis: age, sex, number of medications, comorbidities (Charlson Comorbidity Index), functional and cognitive impairment (Barthel Index and diagnosis of dementia), frailty (FRAIL scale) and living in a nursing home.

Results Seven-hundred and sixty-six patients were included, 443 were females (57.8%) and mean age was 86.9 years (SD 5.0). In 217 patients (28.3%, 95% CI: 25.13 to 31.53) the review panel considered that drugs had contributed to hospital admission, and in 115 (15.0%, 95% CI: 12.48 to 17.55) they judged that an ADE was the main cause. Three factors were associated with drug-related admissions: age (OR 0.95, 95% CI: 0.913 to 0.996) and comorbidity (OR 0.81, 95% CI: 0.692 to 0.943) were inversely associated, and total number of drugs (OR 1.15, 95% CI: 1.070 to 1.229) were directly associated. Drug classes most commonly associated with drug-related hospital admissions (main cause) were psychotropic medications (38, 33.0% of cases), antiepileptic drugs (11, 9.6%), opioids and non-steroidal anti-inflammatory drugs (both 10, 8.7%).

Conclusion ADEs are an important cause of hospital admission in Acute Geriatric Units. In elderly people older than 75 years' old polypharmacy should be carefully reviewed to prevent severe ADE and associated consequences, such as hospital admissions. Hospital pharmacists can play a role in the geriatric teams contributing to Comprehensive Geriatric Assessment regarding medications and detecting ADEs.

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5PSQ-134 ANALYSIS OF MEDICATION DISCREPANCIES AS PART OF THE CLINICAL PHARMACY MEDICATION RECONCILIATION PROCESS

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Background It is widely accepted that the transition of patients across organisations or between professionals is a vulnerable time with regards to medication safety. Approximately 20% of all adverse drug events (ADE) are attributed to poor communication at transitions of care. Completing a medication reconciliation or MedRec for patients at these junctures may be an important means for improving medication safety, and studies have identified that clinical pharmacists contribute positively to MedRec on admission to hospital.

Purpose The study aimed to assess the impact of clinical pharmacy-led MedRec, within the adult patient population upon admission to an acute hospital.

Material and methods This observational, prospective study took place over a 4 week period in March 2018 in an urban, acute, university-affiliated teaching hospital. Data were collected on 205 patients as a part of the normal delivery of services. When MedRec was completed for a patient, the number of *apparently* unintentional discrepancies were recorded. At 24 and 48 hours, the number of unintentional discrepancies (UD), intentional discrepancies, unresolved discrepancies and the details of the discrepancies were recorded. An expert review panel rated the discrepancies using the numerical rating score according to the potential for harm to the patient if the CP had not intervened.

Results Almost two-thirds of patients (n=205) experienced a CP intervention or endorsement regarding *apparently* UD. Unintentional discrepancies affected 51% of patients and were associated with 17% of medications reviewed (n=1584). There was a statistically significant positive association between the number of pre-admission medications a patient was taking and UD ($r=0.26$, $p<0.0001$). Almost 90% of UD were reported as having the potential to cause moderate harm to the patient: 2.5% were considered to potentially cause serious harm.

Conclusion Pharmacy-led MedRec has a positive effect on patient safety at transitions of care. Longitudinal research is needed to examine the clinical effect that discrepancies have on patient outcomes.

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