of relevance to the oncology, paediatric and endocrinological oncology areas.

The total amount currently authorised is € 2,049,425.

Conclusion Since these off-label treatments would be formerly paid for by the hospital, thanks to this path they are instead completely reimbursed by the AIFA 5% Fund.

The results obtained demonstrate how the integration of the pharmacist into clinical management obtains an excellent balance between the prescriptive appropriateness and the economic sustainability in rare or highly complex diseases through access to the AIFA Fund 5%.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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No conflict of interest.

4CPS-216

PREScription OF FALL-RISK-INCREASING DRUGS IN PATIENTS SUFFERING A FALL WITH MAJOR LESIONS DURING ADMISSION AT AN INTERMEDIATE CARE CENTRE

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Background Falls in the elderly increase morbidity, affect quality of life and increase healthcare costs. Several pharmacological groups have been associated with falls, which are grouped as 'Fall Risk Increasing Drugs' (FRIDs). Despite awareness of the risk, the prescription of FRIDs is highly prevalent.

Purpose To assess prescription patterns in patients experiencing a fall which resulted in major lesions during admission at an intermediate care centre. To determine the prevalence of FRIDs before and after the fall.

Material and methods Observational and retrospective study of patients admitted to an intermediate care centre of 350 beds in an urban area, who experienced a major lesion (reported below) due to a fall during a 3 year period (2015–2017). They were identified by the inpatient fall register. Data regarding treatment was collected from the digital health record. The main outcome was the prescription of FRIDs. The following variables were collected: demographics (age, sex), type of lesion, and number and type of drugs (ATC codes) prior to fall and at discharge. The FRIDs list was built from a literature review and included: cardiovascular drugs (CV); psychotropic; and others (NSAIDs, opioids, anti-epileptics). Statistical analysis was performed with Stata v15.

Results We included 50 patients (mean age $\pm$ SD=79.3 $\pm$ 11.4, 54% males). The consequences of the fall were: traumatic brain injury (n=11), wound requiring stitches (n=15), fracture (n=17) and others (n=7). Prior to the fall, the average number of total drugs/patient was 11.1 $\pm$ 3.2: 96% received at least one FRID (42% $\geq$ 4 FRIDs, 3.4 $\pm$ 1.8 FRIDs/patient). One-hundred and seventy-one prescriptions of FRIDs were identified: 44.4% CV drugs, 40.35% psychotropic drugs and 15.2% others. Eighty per cent of patients received a psychotropic drug (mainly benzodiazepines or quetiapine) prior to the fall. Twenty-eight patients were discharged home or to a long-term care facility (n=5 exitus, n=17 acute care). Of these, 92.9% received a FRID prior to discharge (50% $\geq$ 4 FRIDs, 3.6 $\pm$ 2.1 FRIDs/patient). Only in eight patients (28.6%) were some FRIDs

discontinued (10 FRIDs). Conversely, 11 new FRIDs were initiated in eight patients.

Conclusion Despite being a well-known modifiable risk factor for falls, the prescription of FRIDs is highly prevalent among the elderly. In our sample, the withdrawal of FRIDs appears not to be a usual practice, even after a relevant adverse event.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-217

ASSESSING MEDICATION ADHERENCE AND CONDITION-RELATED KNOWLEDGE OF HEART FAILURE PATIENTS

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Background Non-adherence to treatment and diet, and failure to seek care are contributors to readmissions in heart failure (HF) patients. Specific questions related to treatment adherence and living with HF improve prioritisation of patients for pre-discharge medication management and self-care education.

Purpose The objective was to undertake an adherence to treatment assessment and correlate with an assessment of the potential of patients to engage in self-management. This was defined as the percentage grade of correct answers to four questions that demonstrate knowledge of living with HF.

Material and methods The study was conducted between 20 June–31 August 2018 in an acute hospital. Patients who qualified for the study through pre-set inclusion and exclusion criteria were administered the Treatment Adherence Questionnaire (TAQ).¹ Four supplementary questions were asked to measure the knowledge of patients concerning their diuretic treatment, the use of salt in food preparation, weight monitoring and alarm symptoms warranting referral.

Results The cohort of patients (n=57) had an average TAQ score of 70 (range: 31–95) on a scale of 0–100 indicating a medium-high adherence. The mean cohort grade to the four questions was 43% (range: 0%–75%). Twenty-five patients gave an unsatisfactory answer to at least three of the questions; thirty patients were unable to name their diuretic; 51 patients were categorical about not taking salt and all knew that salt should be avoided; six patients added salt deliberately while cooking; 55 patients failed to relate the need of weight monitoring to check fluid overload and only associated weight with body fat; 34 patients were unable to mention at least one basic symptom apart from shortness of breath; and 15 patients exhibited a mismatch between the TAQ score and the percentage grade to the knowledge questions (medium-high TAQ score versus low grade 0%–25% to questions).

Conclusion The patients demonstrated the need for support in improving self-management related to lifestyle and medication knowledge. The lack of engagement in self-management did not reflect a low adherence to treatment.

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