Results The TPN1 and TPN2 have larger globule size, but the differences are not statistically significant (p=0.396) with respect to the rest of the samples.

No significant differences were observed between the globule size at day 0 and day 7 (p=0.520).

No significant differences were observed between the globule size of the samples according to the form of storage (p=0.225).

Conclusion The preliminary results suggest that TPNs with lower lipid concentration have an increase in globule size. We will require confirmation by further experiments.

Our results in globule size demonstrate that TPNs are stable and safe during the study period and independently of the storage conditions.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-251 IMPACT OF A MULTIDISCIPLINARY TEAM IN REDUCING POLYPHARMACY AND TREATMENT COMPLEXITY IN HOME CARE PATIENTS

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Background Frail and multimorbid patients are often prescribed multiple medications.[1] Polypharmacy, along with drug-drug interactions and potentially inappropriate medications (PIMs), are known as the iatrogenic triad. Consequently, this population has an increased risk of negative health outcomes.

Purpose To review the medication plan of chronic patients in the home care programme by a multidisciplinary team (integrated by doctors, nurses and clinical pharmacists) to adjust and optimize drug therapy and to reduce treatment complexity and polypharmacy.

Material and methods This was a prospective interventional study in a primary care centre. Domiciliary patients were visited by the multidisciplinary team. The clinical pharmacist interviewed the patient and/or caregiver to obtain a comprehensive medication history (including over-the-counter drugs) and to assess medication adherence. The review process was conducted by the multidisciplinary team and consisted of four steps: deprescribing strategies according to current clinical evidence; simplification of the dosing regimen; identification of drug-related problems; and replacement of PIMs. The final medication plan was agreed with the patient and/or caregiver. The Medication Regimen Complexity Index (MRCI) before and after medication review was recorded.[2]

Results Thirty-three patients were included with a median age of 88.1±6.3 (72.7% female). A total of 4.0±1.9 therapy modifications per patient were performed (ranging from 0 to 10). The main modifications (n=132) were: deprescribing (43.2%, in 25 patients), dose or dosage adjustment (25.0%, in 20 patients) and drug substitution (18.9%, in 21 patients). The number of prescribed treatments before and after the review was 11.0±3.8 vs 9.4±3.9, whereas the MRCI was 27.5 ±11.2 vs 23.6±10.7, respectively.

Conclusion Medication review by a multidisciplinary team is an effective strategy for tailoring drug therapies, reducing polypharmacy and treatment complexity in home care patients.

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No conflict of interest.

4CPS-252 ABSTRACT WITHDRAWN