

(GL), total cholesterol (TC), triglyceride (TG), low-density lipoprotein (LDL), high-density lipoprotein (HDL) and prolactin levels (PL). Metabolic variables were considered altered when: GL >126 mg/dL, TC >200 mg/dL, LDL >100 mg/dL, HDL <40 mg/dL, TG >150 mg/dL and PL >25 ng/mL in females and >20 ng/mL in males. Data were collected from the electronic medical record.

Results During the study period, 51 patients were included. The average age was 39 years \pm 25 (50.9% females). 31.6% were smokers, 47.1% habitual alcohol consumers and 23.5% were treated with AD and/or LLD. The main diagnoses were schizophrenia (35%) followed by depression (16%).

From the total number of patients, 78.4% presented with some altered metabolic parameter. Thirty per cent of the patients were obese and 58.8% were overweight. GL were altered in 11% of patients, none were in treatment. From patients treated with LLD, 52% had some altered lipid parameter (14% TC, 52% LDL and 25% TG) and 82% of patients without LLD had some altered lipid parameter (36% TC, 82% LDL and 45% TG). Finally, females presented with 50% pathological PL and males 40%. A high number of patients (57%) did not have their PL checked during treatment.

Conclusion A high prevalence of metabolic disorders in patients treated with SGAs was observed and a large percentage of patients were not being properly monitored. Therefore, pharmaceutical care could help to achieve improved health outcomes in psychiatric patients.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

5PSQ-086 PREVALENCE OF ASPIRATION PNEUMONIA FOLLOWING ANTIPSYCHOTICS: A LARGE POPULATION STUDY

M Miarons Font*, S Marín Rubio, L Perez Cordon, J Delgado Rodriguez, L Campins Bernadàs, D López Faixó. *Mataró Hospital, Pharmacy Department, Barcelona, Spain*

10.1136/ejhp-2019-eahpconf.519

Background Antipsychotics have been associated with aspiration pneumonia in older people. However, epidemiologic evidence of the association between antipsychotic drug use and pneumonia is limited.

Purpose To investigate the association between antipsychotic exposure and aspiration pneumonia during hospitalisation in a large older population.

Material and methods Retrospective cross-sectional study. We included all hospitalisations between January 2013 and December 2017 of patients aged from 65 to 85 years. Aspiration pneumonia was defined according to the discharge diagnosis codes of the International Classification of Diseases 9 and 10 and antipsychotic use as any pharmacy charge for an antipsychotic medication.

Results Our cohort included 1 06 552 hospitalisations of patients from 65 to 85 years (medium age 74.86 \pm 10.61 years; 58% female). Aspiration pneumonia occurred in 1291 (1.2%) hospitalisations. Antipsychotics were used in 4484 (4.2%) hospitalisations. The incidence of aspiration pneumonia was 0.6% (612 patients) in patients not taking antipsychotics and 0.9% (41 patients) in those taking antipsychotics (OR=1.5, 95% CI 1.0 to 2.1). The magnitude of the association was only a little bit higher for typical (OR=1.6, 95% CI:

0.94 to 2.2) rather than atypical (OR=1.4, 95% CI: 1.0 to 2.0) antipsychotics.

Conclusion The use of either typical or atypical antipsychotics in older people is modestly associated with increased risk for aspiration pneumonia. Clinicians who prescribe antipsychotics should closely monitor patients for pneumonia, should consider the lowest possible dose of the antipsychotic for the shortest possible time and it should be stopped when the patient stabilises or symptoms cease.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

5PSQ-087 INAPPROPRIATE USE OF HYDROXYCINE

¹R Seisdedos*, ²P López. ¹Hospital Universitario Puerto Real, Farmacia, El Puerto de Santa María, Spain; ²Hospital de Tomelloso, Farmacia, Tomelloso, Spain

10.1136/ejhp-2019-eahpconf.520

Background Hydroxyzine is an antihistamine used in the symptomatic treatment of anxiety, itching and urticaria, and as an anaesthetic premedication. However, there is a risk of the prolongation of the QT interval and ventricular arrhythmia (torsade de pointes). This effect is known and is described in the technical sheet. In 2015, after the evaluation by the Pharmacovigilance Risk Assessment Committee, the Spanish Agency for Medicines and Medical Devices (AEMPS) published an informative note on restrictions in order to minimise their arrhythmogenic risk. After evaluating available data, the AEMPS recommended, among other things, not to use in elderly patients, given the lower elimination rate and higher risk of adverse reactions, mainly due to anticholinergic effects. The Beers criteria also label this medication as potentially inappropriate medication in elderly patients.

Purpose To study the frequency of these inappropriate prescriptions in order to establish strategies for their prevention.

Material and methods Retrospective study of all admitted adult patients who received hydroxyzine treatment during the 2 years immediately following the alert (13 February 2015–12 February 2017). For this purpose, prescription histories in the electronic prescribing program (Farmatools) were reviewed and data were analysed, taking into account the age of each patient. Analysis of data was done through descriptive statistics.

Results A total of 176 hydroxyzine prescriptions were found (79 males, 97 females). Mean age of the patients who received treatment was 66.32 years, with an age range of 20 to 96 years. The percentage of patients older than 65 years (% of patients with inappropriate prescriptions) was 63.58%. The average duration of treatment was 5.82 days (1–38 days).

Conclusion A high percentage of hydroxyzine prescriptions were inappropriate, although most of them were of short duration (78% less than 10 days). Given the results provided, it is evident of the need to include a review of the consumption of drugs, to contribute to an adequate use of them, as well as the awareness of professionals towards this group and the possible taking of other measures. Certain medications have a greater potential to cause problems when used by the elderly. Several studies have shown that inappropriate prescription in elderly people is highly prevalent but preventable.

REFERENCES AND/OR ACKNOWLEDGEMENTS

None.

No conflict of interest.