5PSQ-100 PUBLIC PERCEPTIONS AND CONCERNS INCLUDING MEDICATION AWARENESS IN LIFESTYLE HEALTH CAMPAIGNS

¹F Alhomoud*, ²K Alameer, ²Z Almousa, ²M Almatar, ¹W Alzlaig, ¹F Alhomoud. ¹Imam Abdulrahman Bin Faisal University, Department of Pharmacy Practice- College of Clinical Pharmacy, Dammam, Saudi Arabia; ²Imam Abdulrahman Bin Faisal University, College of Clinical Pharmacy, Dammam, Saudi Arabia

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Background The irrational use of medicines is likely to result in therapeutic failure, disease progression and the need for more aggressive treatments.¹ One of the ways to alter such behaviour and increase public awareness about appropriate medication use is by designing and delivering a public health medicine awareness campaign.

Purpose This study aimed to evaluate the general public's awareness of medication use and public health campaigns.

Material and methods This was a cross-sectional survey study. Participants were aged 18 years or over and able to speak Arabic or English. An online survey (Ranjabar's questionnaire)² was distributed from January to March 2017 to a random sample of 451 participants by email and social media via an internet link leading to a web-based survey platform in QuestionPro. Data were entered and analysed using the Statistical Package for the Social Sciences (SPSS) 22.

Results Three-hundred and forty-seven participants (76% females, aged 18–85 years) were on a mean (SD) of two (1.86) regular medicines and 225 were on non-prescription medications. Seventy-one and 63 per cent of those surveyed consulted a doctor or a pharmacist, respectively, for advice about their medications. The participants were curious mainly about the side effects of treatment (79%), followed by drug interactions and contraindications (55%). Most participants agreed or strongly agreed that their medications were necessary to improve their condition (82%), prevent the progress of their condition (85%) and reduce the risk of complications (90%). Seventy-seven per cent of participants reported seeing a public health campaign previously. TV (58%) and Twitter (55%) were reported as the most appropriate tools to help in delivering a good public health campaign. Ninety-one per cent believed that a public health campaign can increase people's awareness about their lifestyle and 73% declared that the use of medication should be part of a public health campaign.

Conclusion The findings are consistent with the literature which supports the need for a thorough medication awareness campaign.¹

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. Ranjbar M, Aslanpour Z, Kostrzewski A, Cooke AD. Public health campaigns and medicine use awareness: a systematic literature review. *Health* 2017;**9**:1689–710.
2. Ranjbar M [internet]. Public health campaign for medicine awareness. England: National Health Service (NHS) Health Research Authority (HRA), 2015.

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5PSQ-101 LESS-CHRON FOR DEPRESCRIBING IN NURSING HOME RESIDENTS

¹MC Sánchez Argaiz, ¹MR Cantudo Cuenca, ²S Guijarro Herrera, ³R Álvarez Sánchez*, ¹B Muñoz Cejudo. ¹San Agustín Hospital, Hospital Pharmacy, Linares Jaén, Spain; ²Virgen de Las Nieves University Hospital, Hospital Pharmacy, Granada, Spain; ³Campus de La Salud Hospital, Hospital Pharmacy, Granada, Spain

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Background Patients with multimorbidity are an especially complex population. Multimorbidity is associated with poorer health outcomes and significant polypharmacy. These make patients more vulnerable to drug-related problems, causing a higher number of hospital admissions. This kind of population is common in nursing homes, and the withdrawal of medications might be an appropriate decision, resulting in significant clinical benefits. A review and evaluation process of long-term therapeutic plans aiming to stop, substitute or reduce the dosage of those drugs that under certain clinical conditions can be considered unnecessary or inappropriate, is necessary.

The List Evidence-based depreScribing for CHRONic patients criteria (LESS-CHRON) is a list of 27 drugs and specific clinical situations that present an opportunity for depreScribing in patients with multimorbidity or similar situation (chronic, elderly with comorbidities, polymedicated).

Purpose The aim of this study was to review all the medical treatments and clinical situation of the institutionalised patients in nursing homes, using LESS-CHRON and analyse the pharmacist interventions.

Material and methods Cross-sectional study in June 2018. We included all the nursing home residents older than 65 years in a residential care centre linked to a hospital pharmacy. We reviewed, with the physician responsible, the pharmacological treatment and clinical situation of the residents to assess the benefits and risks of medication withdrawal, then we valued the acceptance.

Results We included 55 nursing home residents, 50% males, mean age 82.5±9 years. The mean drugs prescribed per patient was 8.5±4.4. Seventy-three per cent of the residents had a Charlson comorbidity index ≥5. We detected 39 inappropriate prescriptions by LESS-CHRON: 18% (seven) digestive system drugs, 41% (16) blood and cardiovascular system drugs, 5% (two) genitourinary tract and 36% (14) central nervous system. After the clinical review and evaluation process with the physician, the acceptance intervention rate to reduce dose or stop medication was 10 (26%). However, of the 29 (74%) inappropriate prescriptions without modifications in the treatment, 22 had a clinical explanation.

Conclusion LESS-CHRON is a suitable tool for clinical practice to select which patients can benefit from depreScribing and can avoid several adverse events related to drugs, but requires a good knowledge of the clinical history and work in common with physicians.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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5PSQ-102 ANTIMICROBIAL TREATMENT INADEQUACY IN AN EMERGENCY DEPARTMENT

¹F Oltra Hostalet, ²M Nuñez Nuñez, ³M Moya-Martin, ²As Raquel*. ¹Hospital Universitario Virgen Macarena, Ugc Urgencias, Seville, Spain; ²Hospital Universitario San Cecilio de Granada, Ugc Farmacia, Granada, Spain; ³Hospital Universitario Virgen Macarena, Pharmacy, Seville, Spain

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Background The fast turnover of patients make the Emergency Department Observation Units (EDOU) a complex setting for antimicrobial stewardship interventions. To identify modifiable factors to improve inappropriate antimicrobial prescriptions (AT) can help in the design of targeted interventions.

Purpose Our objective was to identify modifiable factors related to inadequate AT in the EDOU by performing repeated point prevalence surveys (PPS).

Material and methods PPS of all antimicrobial prescriptions for non-trauma patients admitted to the EDOU were performed daily for 5 consecutive weeks starting in February 2015. The main outcome variable was the rate of inadequate ATs, when any of the following criteria were not optimal according to local guidelines. Data included demographics, clinical assessment performed by the prescriber (syndrome, source, severity at onset, type of acquisition), microbiological samples taken and antimicrobial prescriptions including the drug, dose and route of administration, if empirical or targeted, and mono or combination. Multivariate analysis was performed using logistic regression.

Results Overall, 406 ATs were analysed. The most frequent syndromes were pneumonia (24%), urinary tract infections (22%) and non-pneumonic lower respiratory tract infections (22%); 51.5% (n=209) AT were inadequate (26% of them: drug with a reasonable spectrum was prescribed despite not being recommended as first line, 45% antibiotic not needed, 25% 'inadequate spectrum' and 4% others). In multivariable analysis, microbiological samples before AT (OR: 1.9; 95% CI: 1.2 to 2.8; p=0.004), specification of the source of infection in patient's charts (OR: 2.0; 95% CI: 1.1 to 4.2; p=0.05) and severe sepsis or shock (OR: 1.9; 95% CI: 1.2 to 2.9; p=0.003) were independent predictors of adequate AT.

Abstract 5PSQ-102 Table 1

		% Global	% IN	P	Rr (95% CI)
Acquisition	Community healthcare	66.5	52	0.5	
	nosocomial	32.3	52	-0.4	
		1.2	60		
Samples taken	No yes	53.9	61	<0.01	1.5 (1.2–1.8)
		46	41		
Combination therapy	Yes no	13–5	53	0.9	–
		86–5	52		
Antimicrobial (mono)	P/T	11–7	59	0.05	
	Ertapenem levofloxacin	2–6	22	-0.3	
		14–3	40		

Conclusion Half of the prescriptions were inadequate using very strict criteria. Interventions aiming at improving antibiotic use in this Unit should include education and promotion of optimal clinical procedures for antibiotic prescribing. Quality indicators such as taken microbiological samples and the description of source of infection in the medical chart were predictors of better AT.

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No conflict of interest.

5PSQ-103 PHARMACOLOGICAL STUDY OF HIV PATIENTS ENTERED INTO THE HOSPITAL

¹AM Valle Díaz de la Guardia, ²R Álvarez Sánchez*, ¹A Jiménez. ¹Hospital Universitario Virgen de Las Nieves, Farmacia Hospitalaria, Granada, Spain; ²Hospital Universitario San Cecilio, Farmacia Hospitalaria, Granada, Spain

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Background HIV patients constitute a group of patients to whom strict control of their pharmacotherapy must be carried out. They have risk of interactions and their adherence to treatment is essential. A hospital admission can cause imbalances that affect the patient.

Purpose To study the main characteristics of HIV patients admitted to the hospital, analysing: reason for admission, virological and immunological status at admission, ART used during admission, possible drug interactions and adherence to treatment before and after admission.

Material and methods All patients diagnosed with HIV infection and admitted to the hospital during the period August 2017–December 2017 were selected. For each of them was checked: the medical history, the medical prescription during the admission and the dispensation records of the computer program of outpatient pharmaceutical care. Adherence to treatment was calculated in the 3 months before and after admission. A scientific literature search was performed to identify potential drug interactions.

Results A total of 48 patients were analysed. The causes of admission were very varied, highlighting cardiovascular (25%) and respiratory (14%). The ART was modified to 20% of the patients during the admission, mainly due to inefficiency and the appearance of resistances. In five cases, the patient did not take any antiretroviral treatment and was instituted at the time of admission. Patients had an average adherence before admission of 94%. However, after admission, the adherence of all patients was lower. Even in seven patients the adherence dropped more than 10%. Regarding drug interactions, 18 relevant clinical interactions were found. The most common were associations of protease inhibitors with benzodiazepines (12 patients). In three patients were detected combinations of drugs not recommended in the clinical practice guidelines because of increased risk of QT interval. This was the case of darunavir/salmeterol association.

Conclusion The hospital admission of HIV patients is mostly related to the poor virological and immunological status of the patient. Adherence is affected in some cases, which leads to an important adherence control after admission to this type of patient. The incidence of adverse effects is also important, as greater attention from the pharmacist is required.

REFERENCES AND/OR ACKNOWLEDGEMENTS

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3615262/>

No conflict of interest.

5PSQ-104 INVESTIGATING ERROR REPORTING RATES BY ALL PHARMACY STAFF IN THE PHARMACY DEPARTMENT OF A GENERAL HOSPITAL

¹S Amareh*, ²B Olsburgh, ²R Levy. ¹Laniado Hospital, Pharmaceutical Services, Netanya, Israel; ²Laniado Hospital, Pharmacy Department, Netanya, Israel

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Background Errors, including near misses, occur in everyday practice. Our previous study in 2015 showed that using educational tools improves error reporting rates (ERRs).

The last year has shown a decrease in ERRs, suggesting the previous study's positive effect has not been maintained. Other studies have concentrated mostly on medication errors, and have not covered all errors made within the