REFERENCES AND/OR ACKNOWLEDGEMENTS

https://ejhp.bmj.com/content/23/Suppl_1/A243.1
No conflict of interest.

4CPS-003 AN EVALUATION OF GASTROINTESTINAL PROPHYLAXIS IN ELDERLY PATIENTS ON ASPIRIN THERAPY

¹A Sant*, ¹J Falade, ²D Dobra. ¹University College London, School of Pharmacy, London, UK; ²North Middlesex University Hospital NHS Trust, Pharmacy Department, London, UK

10.1136/ejhp-2019-eahpconf.152

Background Aspirin is beneficial for the secondary prevention of cardiovascular disease. Unfortunately, it also carries an increased risk for gastrointestinal (GI) injury, especially in patients of advanced age. It has been reported that patients ≥ 75 years are at a substantial risk of GI bleeding when taking aspirin. Proton pump inhibitor therapy was found to decrease this risk, however, safety concerns limit its use in practice.

Purpose To evaluate the prescribing of GI prophylaxis in elderly patients (≥ 75) taking aspirin.

Material and methods GI prophylaxis was evaluated retrospectively in elderly patients (≥ 75) that were discharged from hospital between March 2018 and June 2018 on aspirin therapy. Data on the patient's gender, age, discharge ward specialty, GI prophylactic agent and additional GI bleeding risks (history of peptic ulcer disease, *H. Pylori* infection, concomitant drugs which cause GI bleeding) was collected from discharge summaries and analysed using differential statistics on IBM SPSS Statistics Software v25.

Results The total number of elderly patients (≥ 75) included in this study was 154% and 79.2% of them were taking GI prophylaxis on discharge. The most popular GI prophylaxis agent prescribed was lansoprazole 30 mg (59.0%). GI prophylaxis was prescribed in all the patients with a history of peptic ulcer disease or *H. pylori* infection and 87.2% of patients taking concomitant drugs that increase the risk of bleeding. The cardiac and the geriatric wards discharged the highest number of elderly patients on aspirin. It was found that the cardiac wards discharged more patients on GI prophylaxis (90.6%) than the geriatric wards (72.6%).

Conclusion In conclusion, this study has shown that even though a high proportion of elderly patients (≥ 75) were prescribed GI prophylaxis, there was still some inconsistency in prescribing patterns. Some elderly patients with a high risk of GI bleeding did not have any GI prophylaxis, while those with no additional GI bleeding risks did. This study also found that prescribing patterns differed between different specialties. It is therefore beneficial to develop guidelines for the hospital to follow and to raise awareness among prescribers and clinical pharmacists regarding the use of appropriate GI prophylaxis in elderly patients on aspirin therapy.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-004 PERTINENCE OF THE PRESCRIPTION OF STRESS ULCER PROPHYLAXIS IN INTENSIVE CARE MEDICINE

¹J Piubellini, ²A Schneider, ²P Eckert, ¹F Sadeghipour, ¹P Voirol*. ¹CHUV, Pharmacy, Lausanne, Switzerland; ²CHUV, Adult Intensive Care Medicine, Lausanne, Switzerland

10.1136/ejhp-2019-eahpconf.153

Background Stress ulcer is a common complication in patients admitted to the intensive care unit (ICU). Although, a stress ulcer prophylaxis (SUP) is recommended for many patients, the criteria for its initiation are often ignored by clinicians. In addition, SUP might be erroneously continued after ICU or even hospital discharge.

Purpose The goals of this study were: to describe the frequency of the SUP prescription in our adult ICU and to determine its adequacy with local guidelines; and to determine the proportion of patients still receiving SUP on ICU and hospital discharge.

Material and methods Retrospective study conducted in the 35-bed adult medico-surgical ICU of our tertiary care centre. Medical records of all patients admitted between 1 October and 30 November 2017 were screened. Patients with an ICU length of stay shorter than 24 hours or admitted for a gastrointestinal pathology, were excluded. The adequacy of the SUP prescription was assessed on a day-to-day basis, according to our local guidelines. Inadequate prescription was defined as a prescription without an indication or the absence of prescription in the presence of an indication. The continuation of SUP at ICU and hospital discharge (but not its adequacy) was assessed.

Results Among the 372 patients admitted during the study period, 140 (corresponding to 855 patient days (PD)) fulfilled the inclusion criteria. Among them 130 (93%) received a SUP during their ICU stay (796 (93.1%) PD), mostly esomeprazole (686 (86.2%) PD). Overall, the SUP was inadequate (in 558 (65.3%) PD). The prescriptions fulfilled at least one indication listed in local guidelines in only 253 (29.6%) PD. SUP was prescribed on ICU discharge in 58 (45%) patients and in 39 (30%) on hospital discharge.

Conclusion SUP was inappropriate (not indicated or forgotten) in around two-thirds of PD. Moreover, the prescription was maintained for many patients on ICU discharge. SUP guidelines and the need for a daily re-evaluation, in particular at the end of the ICU stay, should be stressed to the prescribers.

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. Tan B, Norman R, et al. Incidence and cost of stress ulcer prophylaxis after discharge from the intensive care unit: a retrospective study. *Crit Care Resus* 2016;18:270–4.

No conflict of interest.

4CPS-005 GLP-1 AGONIST LIRAGLUTIDE AS ADD-ON THERAPY IN TYPE 2 DIABETES

¹D Blázquez Martínez, ²M Hayon Ponce, ¹I Casas Hidalgo, ¹X Díaz Villamarín, ¹AS Raquel*, ¹P Nieto Gómez, ¹C Davila Fajardo. ¹Hospital Universitario San Cecilio, Farmacia Hospitalaria, Granada, Spain; ²Hospital Universitario San Cecilio, Endocrinología y Nutrición, Granada, Spain

10.1136/ejhp-2019-eahpconf.154

Background

Purpose The aim of this study was to evaluate the real-world efficacy and safety of adding Liraglutide in inadequately controlled patients with oral antidiabetic drugs.

Material and methods This observational study assessed the efficacy and safety of GLP-1 agonist Liraglutide used as add-on therapy in a group of 83 type 2 diabetes (T2DM) patients from a community endocrinology practice in a 6 month period (July to September 2017). We have retrospectively analysed epidemiological, anthropometric and laboratory data.