

#### 4CPS-138 AN OBSERVATIONAL RETROSPECTIVE STUDY ON TREATMENT ADHERENCE OF LONG ACTING INJECTABLE ANTIPSYCHOTICS

<sup>1</sup>AM Fernández Varela\*, <sup>2</sup>LM Martínez Agulleiro, <sup>1</sup>B Salazar Laya, <sup>2</sup>D Núñez Arias, <sup>1</sup>I Rodríguez Penín. <sup>1</sup>Hospital Arquitecto Marcide, Farmacia Hospitalaria, Ferrol-A Coruña, Spain; <sup>2</sup>Hospital Arquitecto Marcide, Psiquiatría, Ferrol-A Coruña, Spain

10.1136/ejhpharm-2020-eahpconf.239

**Background and importance** Treatment with long acting injectable (LAI) antipsychotics has been shown to improve treatment adherence compared with oral antipsychotics, but it is still controversial if adherence is modified with the use of polytherapy with oral and LAI antipsychotics.

**Aim and objectives** To evaluate treatment adherence (monotherapy with LAI antipsychotics versus polytherapy with LAI and oral antipsychotics) in patients with different psychiatric disorders.

**Material and methods** An observational retrospective study was developed, and two cohorts of patients were defined regarding their antipsychotic therapy: (1) monotherapy with LAI antipsychotics and (2) polytherapy with oral and LAI antipsychotics. Patients who began treatment with LAI antipsychotics before 2016 were included in this study. Adherence to treatment was examined during the year 2018, based on the electronic registration of LAI antipsychotic administrations and oral antipsychotic withdrawals at the pharmacy offices. Optimal adherence was defined as 100% of prescriptions withdrawals or 100% of the doses of LAI antipsychotics administered.

**Results** A total of 73 patients were included (39 with monotherapy, 34 with polytherapy), with a mean age of 57.1 years. The most prevalent diagnosis was schizophrenia (49.3%), followed by delusional disorder (17.8%) and personality disorder (11.0%). No significant differences were found for sociodemographic data between the groups. Adherence to LAI antipsychotics was 97.3% in the monotherapy group and 87.1% in the polytherapy group, with no significant difference between the two groups ( $p=0.187$ ). Adherence to oral antipsychotics was 63.7%.

**Conclusion and relevance** Adherence to treatment was suboptimal in both groups, but lower in patients receiving polytherapy with oral and LAI antipsychotics. Treatment adherence decreased as treatment complexity increased, as seen in previous literature.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

#### 4CPS-139 PSYCHOTROPIC DRUG USAGE IN OCTOGENARIAN AND NONAGENARIAN COMPLEX CHRONIC PATIENTS

<sup>1</sup>A Perez Contel\*, <sup>1</sup>S Ortonobes Roig, <sup>1</sup>N Soler Blanco, <sup>2</sup>G Diestre Ortin, <sup>1</sup>P Miralles-Albors, <sup>1</sup>S Fernández-Molina, <sup>1</sup>A Barragán Muñoz, <sup>1</sup>M Gómez-Valent. <sup>1</sup>Consorcio Corporación Sanitaria Parc Taulí, Pharmacy, Sabadell, Spain; <sup>2</sup>Consorcio Corporación Sanitaria Parc Taulí, Psychogeriatrics, Sabadell, Spain

10.1136/ejhpharm-2020-eahpconf.240

**Background and importance** Elderly patients often manifest behavioural disorders. They commonly involve the use of psychotropic drugs that are associated with drowsiness, confusion and risk of falls, especially in this vulnerable population. The significant increase in psychotropic drug consumption in recent

years has promoted strategies to identify potentially inappropriate prescriptions and their optimisation or de-prescription.

#### Aim and objectives

- To estimate the prevalence of psychotropic drugs at discharge in geriatric patients and describe the most frequently prescribed.
- To evaluate differences between octogenarian and nonagenarian complex chronic patients (CCP).

**Material and methods** A retrospective observational study was conducted in geriatric patients discharged between May and June 2019 from an acute geriatric unit (41 beds) of a geriatric healthcare centre from a university hospital. Variables registered were age, sex, length of stay (LOS), and number and type of psychotropic drugs at discharge (hypnotics, antidepressants, neuroleptics, mood stabilisers). For octogenarian and nonagenarian CCP designated as primary care, we also collected data on polypharmacy and the Pfeiffer test before admission. Those who died were excluded. Quantitative data are presented as median (Q1–Q3) and we used the Mann–Whitney–Wilcoxon U test. Statistical analysis was performed with Stata13.

**Results** A total of 148 patients were included, 87 (58.8%) women, aged 86 (82.75–90.25) years. LOS was 9 (6–13.25) days. Prescription of psychotropic drugs was as follows: 68 (49.9%) patients received hypnotics (49/68 (72.0%) trazodone and 23/68 (33.8%) short/intermediate acting benzodiazepines); 46 (31.1%) received antidepressants (15/46 (32.6%) sertraline); 39 (26.3%) received neuroleptics (25/39 (64.1%) quetiapine and 13/39 (33.3%) risperidone); and 18 (12.2%) received mood stabilisers (8/18 (44.4%) gabapentin). The number of patients with at least one psychotropic prescription was 97 (65.5%) and 23 (15.5%) had  $\geq 3$  psychotropic prescriptions. Differences between octogenarian ( $n=29$ ) and nonagenarian CCP ( $n=20$ ) were: LOS 10 (7–13) versus 8 (5.5–16) days ( $p=0.554$ ); number of psychotropic drugs 2 (1–3) versus 1.5 (0–2) ( $p=0.378$ ); polypharmacy 12 (10–14) versus 11 (8.5–12) drugs ( $p=0.135$ ); and Pfeiffer test 2 (0–4) versus 3 (1–7) points ( $p=0.08$ ).

#### Conclusion and relevance

- Two-thirds of patients were receiving treatment with at least one psychotropic drug, with hypnotics and antidepressants the most prescribed.
- The small sample size made it difficult to demonstrate statistically significant differences, but this study suggests that nonagenarian CCP present less polypharmacy and a lower number of psychotropic drugs compared with octogenarian CCP, despite having higher cognitive impairment.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

#### 4CPS-140 CURRENT STATUS OF CLINICAL TRIALS FOR ALZHEIMER'S DISEASE

A Rodríguez\*, ME Navarrete-Rouco, P Acín, M Ponce, M Jorques, O Ferrandez-Quirante, M Espona. Hospital Del Mar, Pharmacy, Barcelona, Spain

10.1136/ejhpharm-2020-eahpconf.241

**Background and importance** Alzheimer's disease (AD) is a progressive neurodegenerative process caused by an accumulation of the A $\beta$  amyloid peptide.