**Aim and objectives** To study the impact of a strategy to improve safe handling procedures for HDs and to review medical prescriptions.

**Material and methods** A prospective multicentre study was conducted over 25 nursing homes (NH), 18 day care centres (DC) and 13 centres for people with intellectual disabilities (CPIP), with 2500 healthcare Professionals serving 7501 users. The intervention consisted of creating standardised work procedures and developing two training sessions for doctors and managers. Subsequently, HD treatments were reviewed according to INFOMEP (a Spanish HDs database) and different interventions were developed to withdraw, replace or reduce HD manipulation. Intervention were compiled and their acceptance was calculated.

**Results** A total of 58 656 lines of treatment were analysed, resulting in 2732 HDs (4.7%) in 2394 users without the ability to self-administer their medicines: 7.6% HDs in group 1, 43.1% HDs in group 2 and 49.3% HDs in group 3. For HDs, 41.1% required handling for preparation and administration: 8.5% in group 1, 36.7% in group 2 and 54.8% in group 3. The most frequent drugs were risperidone (22.6%), acenocoumarol (22.3%), valproic acid (8.9%), clonazepam (7.4%), spironolactone (7.0%), carbamazepine (4.7%) and paroxetine (4.3%) which accounted for 75.0%. A total of 384 interventions were made (percentage acceptance): 86 (69.8%) withdrawn as not needed, 103 (29.1%) replaced, 369 (39.0%) switched to another drug presentation which required less manipulation, 9 (33.3%) optimised administration frequency, 9 (33.3%) optimised drug schedule and 8 (0.0%) changed pharmaceutical form. Global acceptance was 42.0%. After the intervention there were 1924 HDs: 9.0% in group 1, 25.5% in group 2 and 65.5% in group 3. HDs were reduced by 29.6% due to risperidone and paliperidone which were no longer considered dangerous by NIOSH during the study period (83.0%), withdrawals (7.4%), lost (5.9%) and replaced with other non-HD (3.7%).

**Conclusion and relevance** The exclusion of risperidone and paliperidone has meant a significant reduction in the prescription of HDs in nursing homes. This particular prescription review, supported by standardised procedures, individual interventions and training, also contributed to the adequacy of HD prescriptions. The pharmacist is a key advisor in HD safe handling strategies, including in nursing homes.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

1. Infomep database. Available at: http://infomep.issbt.es/

No conflict of interest.

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**4CPS-166** **ANALYSIS OF THE MAINTENANCE RATE OF LONG ACTING INJECTABLE ANTIPSYCHOTIC TREATMENT IN OUTPATIENTS**

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**Background and importance** Some studies have concluded that antibiotic consumption in nursing homes is more elevated than in the community. However, in our area, it is not well known. Inappropriate use of antimicrobials is one of the most important problems of drug misuse because it can lead to a major incidence of antimicrobial resistance.