

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 in 25 nursing homes (NH), 18 day care centres (DC) and 13 centres for people with intellectual disabilities (CPID), 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 INFOME (a Spanish HDs database) and different interventions were developed to withdraw, replace or reduce HD manipulation. Interventions 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 A total of 584 interventions were made (percentage acceptance): 86 (69.8%) withdrawn as not need, 103 (29.1%) replaced, 369 (39.0%) switched to another drug presentation which required less manipulation, 9 (55.5%) optimised administration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-HDs (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.inssbt.es/>

No conflict of interest.

4CPS-165 ANALYSIS OF ANTIBIOTIC CONSUMPTION IN A NURSING HOME

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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.

Aim and objectives To analyse antibiotic consumption in a nursing home and to compare it with antimicrobial consumption in our community.

Material and methods An observational study was carried out from July 2018 to June 2019 in residents of a nursing home (30% dependents and 70% in social exclusion). The variables recorded were number of residents per month, global defined daily dose (DDD) of antibiotics (ATC J01-J02)/1000 residents/days, DDD of amoxicillin-clavulanic acid/1000 residents/day, DDD of quinolones/1000 residents/day and DDD of fosfomicin trometamol/1000 residents/day. These results were compared with the available data from primary care.

Results The mean number of residents was 89 (87–101).

The global DDD/1000 residents/day was 80.8 (third trimester 2018), 56.5 (fourth trimester 2018), 101.6 (first trimester 2019) and 82.4 (second trimester 2019).

The DDD of amoxicillin-clavulanic acid/1000 residents/day was 15.1 (third trimester 2018), 8.4 (fourth trimester 2018), 26.7 (first trimester 2019) and 15.9 (second trimester 2019).

The DDD of quinolones/1000 residents/day was 30.4 (third trimester 2018), 13.6 (fourth trimester 2018), 12.6 (first trimester 2019) and 2.8 (second trimester 2019).

The DDD of fosfomicin trometamol/1000 residents/day was 1.9 (third trimester 2018), 0 (fourth trimester 2018), 0.6 (first trimester 2019) and 2.3 (second trimester 2019).

The global DDD/1000 inhabitants/days in primary care was 14.1 (third trimester 2018), 15.9 (fourth trimester 2018) and 15.4 (first trimester 2019).

The DDD of amoxicillin-clavulanic acid/1000 inhabitants/day was 5.5 (third trimester 2018), 5.5 (fourth trimester 2018) and 4.3 (first trimester 2019).

The DDD of quinolones/1000 inhabitants/day was 1.2 (third trimester 2018), 1.3 (fourth trimester 2018) and 2.2 (first trimester 2019).

The DDD of fosfomicin trometamol/1000 inhabitants/day was 0.4 (third trimester 2018), 0.4 (fourth trimester 2018) and 0.3 (first trimester 2019).

Conclusion and relevance Global antibiotic consumption in the nursing home was approximately six times higher than in primary care, mainly due to the prescription of quinolones. Antimicrobial stewardship programmes are necessary to improve the use of antibiotics in this population.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

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

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Background and importance Long acting injectable antipsychotics have emerged to improve adherence and reduce the risk of relapse in patients with psychiatric disorders.

Aim and objectives The aim was to evaluate the maintenance rate of long acting injectable antipsychotics in real life.

Material and methods A retrospective observational study was conducted from April 2017 to April 2019 in outpatients in

mental health units who initiated long acting injectable antipsychotic treatment (monthly aripiprazole 400 mg (MA), monthly paliperidone 150 mg (MP) or quarterly paliperidone 525 mg (QP)) between April and September 2017. Anthropometric data, injectable antipsychotic treatment and psychiatric diagnoses were collected. Active treatments, discontinuations and changes in drugs, formulations (monthly/quarterly) and doses were recorded in April 2018 and April 2019.

Results A total of 113 patients were included. Treatments were 46.0% (52) MA, 40.7% (46) MP and 13.3% (15) QP. Average ages (MA, MP, QP) were 41.75 ± 12.8 , 47.70 ± 14.9 and 44.13 ± 7.1 years, respectively, and the number of men were 56.69%, 76.09% and 93.33%, respectively. Diagnoses (MA, MP, QP) were paranoid schizophrenia in 55.77%, 54.35% and 53.33%, respectively; substance abuse related disorder in 7.69%, 4.35% and 6.67%, respectively; simple schizophrenia in 17.31%, 10.87% and 13.33%, respectively; intellectual disability in 3.85%, 4.35% and 0%, respectively; personality disorder in 1.92%, 4.35% and 0%, respectively; and other in 13.46%, 21.73% and 26.67%, respectively.

In April 2018, 90.38% (47) of MA patients maintained treatment, while 9.62% (5) discontinued treatment. A year later, 76.92% (40) maintained treatment, 5.77% (3) changed doses and 17.31% (9) had discontinued their treatment.

For MP, 58.70% (27) continued with treatment in the first year, 19.57% (9) changed to QP, 6.51% (3) changed doses but maintained the monthly administration and 15.22% (7) interrupted treatment. In the second year, 50.00% (23) maintained treatment, 17.39% (8) changed to QP and 10.87% (5) changed dose. Treatment was interrupted in 21.74% (10) of patients at the end of the study.

For the QP group, 53.33% (8) maintained treatment in the first year while 26.67% (4) required a change to MP and 20.00% (3) interrupted treatment. At the end of the study, 40.00% (6) maintained treatment, 26.67% (4) continued with MP, 6.66% (1) changed to MA and 26.67% (4) discontinued treatment.

Conclusion and relevance A good maintenance rate was observed with MA and MP over 2 years. In contrast, half of the patients receiving QP had to interrupt their treatment during the first year due to a short acting duration. Almost a third of QP patients had to restart treatment with MP. In conclusion, the maintenance rate was higher in monthly presentations than in the quarterly presentation.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-167 EVALUATION OF PHARMACEUTICAL INTERVENTIONS: IMPROVEMENT PLANS

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Background and importance Medication errors are frequent in the hospital setting, increasing the morbidity and mortality of patients. The pharmacist detects medication errors, preventing the appearance of medication related problems through pharmaceutical care and pharmacotherapeutic follow-up.

Aim and objectives To evaluate pharmaceutical interventions and the degree of acceptance, and to evaluate the quality of interventions and optimise the process.

Material and methods A descriptive retrospective study of 3 years' duration of the interventions performed (October 2016–September 2019) was carried out. After reviewing and validating the electronic medical prescriptions and communicating to the responsible physician any possible medication errors detected by electronic messaging or by telephone, the pharmacist recorded the interventions performed daily in a database, classifying for further analysis.

Results A total of 5137 interventions were recorded in 4032 patients. Of these, 3032 were accepted after communicating them to the prescribing physician. A total of 25.36% of the interventions were related to therapeutic duplications, 13% to drug interactions, 12.09% to documented drug allergies, 10.6% to dose error (66% excessive dosage and 34% insufficient dosage), 8.6% required clarification/request for information because of an incomplete medical order, 8.75% were inappropriate or unavailable pharmaceutical form, 8.5% were medications not included in the hospital guide and 5.5% were inappropriate dosage range. etc. The services with the highest number of interventions were internal medicine 1436; pneumology 359; neurology 356; cardiology 350; digestive 349; oncology 335; infectious diseases 290; traumatology 189; and psychiatry 183. The degree of acceptance of the interventions in the internal medicine service was 49%; digestive (79%); pneumology (76%); neurology (73%); and cardiology (75%).

Conclusion and relevance Pharmaceutical interventions improve the quality of care and patient safety by reducing medication errors. The service with the highest number of interventions was internal medicine, although the degree of acceptance was not very high. These results highlight the importance of pharmaceutical interventions and suggest the need to implement an automatic registration system for the interventions performed, integrated into the electronic prescription programme, in order to facilitate interventions and promote their acceptance.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-168 DEVELOPMENT OF A BELGIAN CLASSIFICATION SYSTEM FOR CLINICAL PHARMACY ACTIVITIES

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Background and importance Registration of clinical activities and interventions is essential for an objective evaluation of the pharmacist's contribution to pharmacotherapy. However, in Belgium, a nationally standardised classification system is lacking, prohibiting structured and uniform registration of drug related problems (DRPs) and pharmaceutical interventions (PIs), thus complicating benchmarking and feedback to management and government.

Aim and objectives To develop and validate a Belgian classification system for clinical pharmacy activities, based on the literature and stakeholders' opinions.

Material and methods Firstly, existing classification systems for DRPs and PIs were identified through a systematic literature review. Secondly, through a nationwide electronic survey (Snap Surveys; June–July 2018) we assessed current registration practices of Belgian hospital pharmacists and their opinions