

also assessed. As secondary variables, we studied the main therapeutic groups prescribed with DR and PR-QT and the concomitance of their prescriptions along with a history and/or cardiac pathologies. Demographic, clinical and analytical data were obtained from the electronic clinical history and treatment data from the electronic prescription programme.

Results As of 4 July 2019, 87 patients with active electronic prescriptions in a NH were selected. Average age was 66 years (52–101), 55.2% (48/87) were men and 70% were assisted (70/87). Among these patients, 13% were being treated with a DR-QT drug (11/87) and 13% with a PR-QT drug (11/87). Two patients were receiving a DR-QT and a PR-QT drug. Two patients were receiving two PR-QT drugs. The main therapeutic groups of DR-QT drugs were antidepressants (45%), antipsychotics (36%), antiarrhythmics and other (9%). The main therapeutic groups of PR-QT drugs were antipsychotics (38%), antidepressants (31%), genitourinary (15%), musculoskeletal and others (8%). Three patients treated with DR-QT drugs and six patients treated with PR-QT drugs had a history and/or cardiac pathologies. No patient receiving a DR and a PR drug had a history and/or cardiac pathologies. Two patients who were receiving two PR-QT drugs had a history and/or cardiac pathologies, mainly arterial hypertension.

Conclusion and relevance One-quarter of institutionalised elderly patients in a NH were being treated with DR and/or PR-QT drugs, in almost half of the cases with a history and/or cardiac pathology. The main therapeutic groups involved were antidepressants and antipsychotics.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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5PSQ-014 RETROSPECTIVE EVALUATION OF RESUSCITATION MEDICATION UTILISATION IN HOSPITALISED ADULT PATIENTS WITH CARDIAC ARREST

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Background and importance Early medication administration in cardiac arrest improves outcomes. Non-compliance with advanced cardiovascular life support (ACLS) guidelines, including errors in medication administration, have been shown to decrease return of spontaneous circulation (ROSC) and cardiac arrest survival.^{1 2}

Aim and objectives The primary objective was to evaluate the association between adrenaline administration in in-hospital cardiac arrest (IHCA) patients with non-shockable rhythm and patient outcomes. The secondary objective was to assess compliance of adrenaline and amiodarone administration in accordance with ACLS guidelines.

Material and methods IHCA patients aged ≥ 18 years were identified from the resuscitation registry of 2016 of two large public hospitals and categorised according to their initial rhythms. For patients with non-shockable rhythms, the associations between IHCA outcomes, ROSC, survival to discharge

and time of epinephrine administration were analysed by logistic regression.

Results Among 349 patients with non-shockable rhythm, median time to epinephrine administration was 3 min (IQR 1–6 min). Early epinephrine administration (< 5 min), compared with late epinephrine administration (> 5 min), was significantly associated with the rate of ROSC (49.2% vs 34.9%; adjusted OR 1.630; 95% CI 1.008–2.635, $p=0.046$). Time to epinephrine administration (as continuous interval) was significantly associated with the rate of ROSC ($p=0.002$) and survival to discharge ($p=0.029$). After adjusting for potential confounding factors, increased ROSC remained significant but the survival to discharge lost significance.

Conclusion and relevance Our study found that time of epinephrine administration was significantly associated with better results in ROSC and survival to discharge in IHCA patients with non-shockable rhythm. When we divided IHCA patients with non-shockable rhythms into early and late administration groups, early epinephrine administration was associated with significantly improved ROSC but not survival to discharge after adjusting for potential confounding factors. Compliance rate with ACLS guidelines was $> 80\%$ regarding epinephrine and much less for amiodarone. Therefore, clinical pharmacy services should focus on methods to enhance amiodarone usage in cardiac arrest.

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No conflict of interest.

5PSQ-015 COMPARING THREE CRITERIA FOR ASSESSMENT OF WHAT MEDICINES INCLUDED IN NATIONAL HOSPITAL FORMULARY ARE CLASSIFIED AS POTENTIALLY INAPPROPRIATE MEDICATIONS FOR OLDER PATIENTS

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Background and importance Some medicines are described as potentially inappropriate medications (PIM) for older patients. At least one PIM is regularly prescribed in 25–56% of hospitalised elderly patients,¹ and have been associated with adverse drug reactions in this population.

Aim and objectives To identify what medicines classified as PIM by three different tools are present in national hospital formulary of medicines (NHFM) and to check what information, if any, is in the summary of product characteristics (SmPC) about precautions in older patients.

Material and methods A search (September 2019) of the Portuguese NHFM, through the National Medicines and Health Products Authority (INFARMED) website, was made for all medicines included in the EU(7)-PIM list, in the STOPP V.2 criteria and in the 2019 Beers criteria. For each PIM found in the NHFM, the SmPC was analysed to check the recommendations made for older patients.