5PSQ-109 READMISSIONS OF OLDER PATIENTS PRESENTING TO HOSPITAL WITH A FALL (RELIEF): A SYSTEMATIC REVIEW

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Background and importance Falls are an important issue in the elderly as they are frequent, deleterious and often lead to hospitalisation. Hospitalisation increases the occurrence of adverse events, including unplanned readmissions.

Aim and objectives Our principal objective was to identify interventions designed to prevent unplanned readmissions or emergency department (ED) visits of elderly patients presenting to hospital with a fall. Our secondary objectives were to assess whether these interventions decreased fall recurrence and to detect any harm or unintended effects of these interventions.

Material and methods On 11 February 2019, we performed a systematic review in MEDLINE via PubMed, EMBASE, Cochrane Central Register of Controlled Trials and Web of Science, without date or language restrictions. We manually updated this search on 1 August 2019. Study selection and data extraction were performed independently by two reviewers. We included all studies reporting interventions to prevent unplanned readmissions or ED visits of older patients (aged ≥ 65 years) presenting to hospital with a primary diagnosis of a fall (PROSPERO registration No: CRD42019131965).

Results We identified 475 unique citations after removing duplicates and 7 studies were included (2 observational and 5 interventional studies, published between 2010 and 2019), reporting heterogeneous interventions. The evaluated intervention was shown to be effective in three studies, reducing readmissions or ED revisits (35–58%) compared with the control groups. In these studies, interventions were multifaceted: (1) multidisciplinary assessment in a geriatric ward and referral to health community services, (2) brief patient education in the ED by an ergotherapist and a physiotherapist and (3) clinical pharmacy activities by a pharmacy resident in a geriatric emergency unit. Regarding our secondary objectives, only three studies assessed the reduction in fall recurrence and the results were not significant; no study assessed harm or unintended effects caused by the interventions.

Conclusion and relevance Despite relatively heterogeneous interventions, our systematic review identified diverse intervention patterns to decrease hospital readmissions in older patients who have had a fall. Also, the included studies were recent, which underlines the fact that hospital readmissions are a relatively new concern for researchers and public health authorities.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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No conflict of interest.

5PSQ-110 NUTRITIONAL ASSESSMENT IN A LONG TERM CARE FACILITY

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Background and importance A high risk of malnutrition is associated with decreased functionality and quality of life. Early identification of malnutrition risk by nutrition assessments plays an important role in the successful interventions in the elderly.

Aim and objectives To determine the nutritional status of residents in a long term care facility.

Material and methods A descriptive, observational, cross sectional study was completed during the month of March 2019. All patients in a long term care facility were included during that month, except for day and short term residents. Collected data were age, sex, weight, height, mid-arm and calf circumferences and body mass index (BMI).

MNA is a validated screening tool that is used to evaluate nutritional status in the elderly. It comprises two sections: screening with six questions with a maximum score of 14 (0–7, malnutrition; 8–11, risk of malnutrition; 12–14, normal nutritional status) and a full evaluation with 12 items up to a maximum score of 16. The sum of both parts is the final score and establishes three ranges: 24–30=normal nutritional status, 17–23.5=at risk of malnutrition and <17=malnutrition.

Both sections of the MNA were completed by all residents and information on the possible causes of malnutrition was provided. Serum albumin was also determined (normal value 3.4–4.8 g/dL).

Results

Abstract 5PSQ-110 Table 1

N	83	Range 50–100
Mean age (years)	86.9	
Sex (%)		
Women	75.9	
Men	24.1	
Mean weight (kg)	58.7	95% CI 55.2–62.2
Mean height (m)	1.55	95% CI 1.53–1.57
Mean BMI (kg/m ²)	24.3	95% CI 23.1–25.4

Abstract 5PSQ-110 Table 2

Mean score			
Screening	11.48	95% CI 20.6–22.1	Normal status 8–11 points
Full evaluation	10.50	95% CI 10.2–10.9	
Final score	21.31	95% CI 20.6–22.1	At risk of malnutrition 17–23.5 points
Mean serum albumin (g/dL)	3.50	95% CI 3.47–3.59	

Abstract 5PSQ-110 Table 3

Final score

Malnutrition (<17 points)	7.23%
At risk of malnutrition (17–23.5 points)	72.29%
Normal status (24–30 points)	20.48%

Conclusion and relevance Screening and serum albumin levels confirmed normal nutritional status. However, when the full MNA test score was obtained, a higher prevalence than expected of patients at risk of malnutrition was noticed. These results show the need to monitor the degree of nutrition of institutionalised patients to develop strategies that can improve the overall status and set new lines of action.

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No conflict of interest.

5PSQ-111 ADVERSE DRUG REACTIONS DUE TO MEDICINES UNDER ADDITIONAL MONITORING

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Background and importance The European list of medicines under additional monitoring (MUAM), identified with a black inverted triangle, includes new active substances, biological medicines, medicines that require a post-authorisation safety study, medicines approved conditionally or authorised under exceptional circumstances, and medicines authorised with specific obligations on the recording or monitoring of suspected adverse drug reactions (ADR). This list is reviewed monthly by the Pharmacovigilance Risk Assessment Committee (PRAC). A drug remains under additional monitoring for 5 years or until the PRAC decides to remove it from the list.

Aim and objectives To describe the ADR produced by MUAM.

Material and methods This was a descriptive, retrospective study in a second level hospital, from 2013 to 2018. The pharmacy service recorded and notified ADR due to MUAM to the pharmacovigilance centre (FC) after their detection spontaneously or from the complex analysis information system (CAIS). Once patients with ADR by MUAM were selected, the electronic medical history was reviewed: age, sex, medicines involved, type of ADR, detection method, admissions due to ADR, description in the data sheet and communication to the FC.

Results Forty-five ADR (from 26 medicines) were detected in 40 patients (57% men), who had a mean age of 65.8 years (26–84). Causative agents were: antineoplastics (80%); antianginals (4.4%); agents acting on the renin–angiotensin system (4.4%); and other (11.2%). The main ADR were febrile neutropenia (lenalidomide (n=2), palbociclib (n=2), ramucirumab (n=2), imatinib (n=1), brentuximab (n=2), nintedanib (n=1)); bradycardia (ivabradine (n=2), fingolimod (n=1)); hepatocarcinoma (ledipasvir/sofosbuvir (n=2)); thrombocytopenia (panitumumab (n=2), ibrutinib (n=1)); oliguric acute kidney injury (sacubitril/valsartan (n=2)); and vomiting (cabozantinib (n=2), alectinib (n=1)). Drugs with a higher incidence of ADR were:

cabozantinib (vomiting (n=2), asthenia (n=1), osteonecrosis (n=1)); nivolumab (myocardial infarction (n=1), cerebral haemorrhage (n=1), pulmonary thromboembolism (n=1)) and regorafenib (hypertension (n=1), skin rash (n=1), hyponatraemia (n=2)). ADR detected by spontaneous notification: 77.8%. ADR caused hospital admission in 62.2% of cases (febrile neutropenia (28.6%)). ADR caused death in 3 patients (oliguric acute kidney injury due to sacubitril/valsartan (n=2) and myocardial infarction due to nivolumab (n=1)). ADR not described in the data sheet: 13.3%. ADR reported to the FC: 93.3%.

Conclusion and relevance Antineoplastic agents were the therapeutic group with the highest incidence of ADR. MUAM caused hospital admission in a high percentage of cases and were the cause of death in three patients. We found that 13.3% of ADR were considered new, so it is essential to continue reporting suspected ADR to gather new information to help define the safety profile of all medicines, especially MUAM.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

5PSQ-112 IMPACT OF HIGH TEMPERATURE AND SHAKING ON CHARGE VARIANTS OF ADALIMUMAB (HUMIRA) ASSESSED BY LIQUID CHROMATOGRAPHY COUPLED TO MASS SPECTROMETRY

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Background and importance Adalimumab (Humira 100 mg/mL) is a monoclonal antibody (mAb) which is used for the treatment of psoriasis, rheumatoid arthritis and Crohn's disease in adults and children. Humira is injected under the skin. The dose for a child is calculated according to the child's weight and the medicine is supplied in prefilled syringes that are self-administered at home. Adalimumab has low stability after the vial is open and therefore it is necessary to study its stability under the usual conditions which the prefilled syringes will be exposed. In this context, the charge variant characterisation allows for the detection of structural changes in the drug.

Aim and objectives The objective of the study was to characterise the charge variants of adalimumab under stress conditions (ie, high temperature (60°C) and smooth shaking) by liquid chromatography coupled to UV and mass spectrometry detection in order to assess the impact of mishandling adalimumab in prefilled syringes.

Material and methods Prefilled syringes were prepared with different volumes of Humira (100 mg/mL) and placed at 60°C for 3 hours (to ensure there was degradation of adalimumab and also validation of the method) or underwent smooth shaking at room temperature for 1 hour. An UHPLC-HESI/MS (Orbitrap) was the platform used for the analysis. The column used for the separation was a MabPac SCX-10 RS 2.1 mm×5 mm column, 5µm (Thermo Fisher Scientific).

Results Several charge variants were characterised for adalimumab (basic and acid variants). Significant differences were