(T1: 95.3% vs 77.8%, $p<0.05$; T2: 98.4% vs 91.3%, $p<0.05$). The QI 'documented body weight' showed similar findings (T1: 82.1% vs 62.5%, $p<0.05$; T2: 80.2% vs 66.3%, $p<0.05$). The survey (32% response rate) showed that the feedback report had an appropriate format and length (median scores 3/5), although only 33% of the stewards had disseminated the results to colleagues.

Conclusion and relevance Awareness of electrolyte disorders increased among physicians, but the direct impact of our feedback remains unclear. Other QIs showed little room for improvement and need re-evaluation. Overall results suggested a persistent need for training on intravenous fluids, especially on surgery wards, and feedback should include tailored communication with staff.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-134 ANALYSIS OF FACTORS RELATED TO THE CLINICAL COURSE OF COVID-19 INFECTION IN PATIENTS WITH HYPERTENSION

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Background and importance Identification of the angiotensin converting enzyme (ACE2) as a target of the SARS-CoV-2 virus raises questions about a possible change in the clinical course of this infection associated with inhibitors of the renin-angiotensin-aldosterone system (RAAS). Furthermore, high blood pressure is considered a risk factor for COVID-19.

Aim and objectives To characterise the clinical course in hypertensive patients admitted for COVID-19 and to determine if treatment with RAAS inhibitors, age and additional comorbidities may be related to mortality and development of acute respiratory distress syndrome (ARDS).

Material and methods A single centre, observational, retrospective study was conducted. Inclusion criteria were: diagnosis of hypertension, hospital admission for COVID-19 between 1 March and 24 March 2020. Demographic, clinical and analytical variables were recorded. Clinical course was evaluated by: development of bilateral pneumonia, ARDS, length of stay and mortality. End of follow-up was 10 October 2020. To evaluate the possible influence of factors on evolution, binary logistic regression was performed using the STATA-IC14 programme. Quantitative dependent variables were transformed into dichotomous variables. Statistical significance was defined as $p<0.05$.

Results 571 patients were analysed, with a median age of 76 years (IQR 66–83) and 59.2% were men. Of these, 69.7% were receiving treatment with RAAS inhibitors, 7.2% smoked and 80.0% had additional comorbidities. At hospital admission, 27.3% presented with hypoxaemia ($\text{SatO}_2<90\%$), 64.3% lymphopenia ($<1000/\text{mm}^3$), 18.8% C reactive protein >20 mg/dL and 11.7% D-dimer >1200 ng/mL. During the hospital stay, 91.9% of patients required oxygen therapy, 76.4% developed bilateral pneumonia, 91.9% required oxygen therapy, 47.5% developed ARDS and 33.6% died. Median hospital stay was 15 days (IQR 9–24). Use of RAAS inhibitors was not

linked to changes in mortality or development of ARDS ($p>0.05$).

Risk factors associated with mortality were: additional cardiovascular diseases ($\text{OR}=2.10$; $p=0.000$) and older age ($\text{OR}=1.05$; $p=0.000$). Regarding ARDS, we found an association with obesity ($\text{OR}=1.77$; $p=0.013$), diabetes mellitus ($\text{OR}=1.84$; $p=0.001$) and age ($\text{OR}=1.02$; $p=0.010$). Hospital stay >14 days was significantly longer in advanced age ($\text{OR}=1.02$; $p=0.022$) and if chronic kidney disease was present ($\text{OR}=1.73$, $p=0.043$).

Conclusion and relevance Antihypertensive treatment with RAAS inhibitors did not seem to be linked to the risk of worse evolution of COVID-19. Advanced age and additional cardiovascular disease appeared to be associated with higher mortality in hypertensive patients.

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5PSQ-135 ADEQUACY OF HYPOLIPEMIANT TREATMENT IN PRIMARY HEALTHCARE

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Background and importance Based on the criteria lipid lowering efficacy, safety, experience of use and cost, the statins simvastatin, pravastatin and ≥ 40 mg atorvastatin, and gemfibrozil fibrates, are prioritised in our territory.

Aim and objectives To optimise lipid lowering treatment in primary healthcare (PH) patients.

Material and methods A prospective study (June to July 2020) was carried out in a PH centre, with data obtained from the ECAP computerised medical record. Patients on lipid lowering treatment not considered firstline were included. Data were collected for demographic variables (age and sex), patient adherence and therapeutic effectiveness, drugs involved and interventions (proposal, acceptance and implementation). The prescription was validated by the pharmacist and the interventions were proposed to the physician.

Results 300 patients were included, aged 68 (11.4) years (157 (52.3%) men), assigned to eight physicians. 44 (14.7%) patients were not adherent, and the therapeutic objective was not reached in 62 (20.7%) patients. 296 (86.5%) interventions were suggested on 342 active principles: change in therapeutic equivalent, 29.4%; intensify the dosage, 27.3%; interrupt the drug, 24.7%; reassess the indication, 9.8%; change the active principle, 7.1%; and reduce the dosage, 1.7%. Interventions involved: atorvastatin, 38.7%; rosuvastatin, 17.7%; fenofibrate, 16.3%; ezetimibe, 15.9%; pitavastatin, 9.2%; lovastatin, 1.1%; and fluvastatin, 1.1%. The final drugs were: atorvastatin, 54.3%; simvastatin, 34.7%; gemfibrozil, 7.5%; and pravastatin, 3.5%. Physicians accepted 289 (97.6%) interventions. At the 2–3 month follow-up, the implementation carried out lowered the percentage of drugs not considered firstline from 27.49% to 22.07% (19.71% reduction).

Conclusion and relevance The prescription of hypolipemiant drugs was not in accordance with the recommended standards, possibly due to ignorance of institutional