known whether faster dissolving formulations of paracetamol granulate result in improved exposure.

**Aim and objectives** Our objective was to determine the pharmacokinetics (PK) of two different formulations of oral paracetamol in old, frail adults.

**Material and methods** Geriatric inpatients aged 80 years or older were eligible for inclusion if they received 1000 mg of paracetamol as a tablet or a granulate formulation at 8am, 2pm and 8pm. Samples were collected at trough levels (T0) and at +0.5 (T0.5), +1 (T1), +2 (T2), +4 (T4), +5 (T5) and +6 hours (T6). PK parameters were evaluated for both paracetamol formulations.

**Results** 36 patients were included, with a mean age (±SD) of 86.78 (±4.20) years. Most of the patients (n=26/36, 72%) received the tablet; 10 patients (28%) were prescribed the granulate formulation. Seven (21%) patients achieved an average plasma concentration (Css) above the analgesic target of 10 mg/L. Median Css (IQR) for the tablet group was 7.76 (6.31–9.08) mg/L and 9.27 (4.94–11.03) mg/L for the granulate group. Tmax was 50.5 (31.50–92.50) min and 42.50 (33.75–106.75) min for the tablet and granulate formulation, respectively (p=1.00). Cmax for tablet users was 15.95 (12.38–21.19) mg/L and 15.59 (10.80–21.77) mg/L for the granulate users (p=0.698).

**Conclusion and relevance** Large interindividual differences in PK parameters were found in a very old patient sample. Absorption parameters such as Tmax and Cmax were not significantly different between the tablet and granulate formulation. A trend for a higher Cmax was observed for patients in both paracetamol formulations.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

Conflict of interest No conflict of interest
Abstracts

and the results are expressed as means± SD for continuous variables and as percentages (%) for categorical variables. Results 71 patients (53.3% women, mean age 82.7±6.7 (58–94) years) were treated with an AChEI. 74.6% (53 patients) were simultaneously treated with a DAP. Mean concomitant prescribed drugs (DAP and non-DAP) was 11.6±4.7 drugs (2–26). Prescribed AChEIs were rivastigmine 56.3%, donepezil 38% and galantamine 5.6%. According to the classification of the systematic review of Durán et al, 71 patients were treated with a total of 95 DAP. The seven most frequently prescribed anticholinergic drugs were: quetiapine 39.4%, haloperidol 22.5%, ipratropium 21.1%, trazodone 14.1%, risperidone 12.7%, mirtazapine 7% and tramadol 5.6%. 57.7% of patients had dementia symptoms: confusional syndrome 31%, cognitive impairment 28.2%, mood disturbances 12.9% and somnolence 9.9%. The main destination was hospitalisation 85.9%, followed by hospital discharge 11.3% and death 2.8%.

Conclusion and relevance A high percentage of elderly patients with dementia treated with AChEI were taking concomitant DAP, that present accumulated risk. The combined use of these drugs can increase cognitive impairment and also antagonise the effects of AChEI. The results of the study suggest the need for considering other treatment options or a decrease in the prescriptions for DAPs to reduce the pharmacological interactions and the related adverse effects of concomitant use.

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Results The study achieved a final sample of 465 responses that were valid and complete, with a response rate of 66%. 76% of participants were women and 91% were aged <40 years. 58% of participants had a low level of knowledge about telepharmacy tools, while 37.7% of pharmacists believed that continuous training in telepharmacy was necessary for the workplace. 91.6% of the pharmacists who responded thought that using a telepharmacy system could save time and money. Substantial high positive attitudes towards telepharmacy were demonstrated (87% willingness, 87% perception), but knowledge was limited (58%). A strong association was found between gender perception and willingness (p value was 0.000, 0.009, respectively), and specialty with willingness (p=0.008). A statistically negative correlation was found between perception and gender (0.05 level using Pearson’s correlation).

Conclusion and relevance It is reasonable to believe that there is a potential for telepharmacy to be completely incorporated into the healthcare system in the Kingdom of Saudi Arabia if adequate education and training for pharmacists have been given, as knowledge measurement was relatively low. Improving pharmacists’ knowledge of telepharmacy is a key factor for effective implementation in the future.

REFERENCES AND/OR ACKNOWLEDGEMENTS


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5PSQ-185 ARE ADHHERENCE TESTS IN ASTHMA STILL RELIABLE WHEN THE PATIENT KNOWS WHAT WE WANT TO HEAR?

1O Montero Pérez*, 2E Sánchez Gomez, 3ME Rodríguez Molins, 1A Peláez Bejarano, 1G García Giménez. 1Hospital Juan Ramón Jiménez, Pharmacy Service, Huelva, Spain; 2Hospital de Riontinto, Servicio de Farmacia Hospitalaria, Huelva, Spain

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Background and importance Adherence to medication is very important in chronic diseases, such as asthma. According to the global initiative for asthma (GINA) guidelines, 50% of asthmatic patients on long term therapy fail to take medications as directed, at least some of the time. Furthermore, patients with poor adherence to medication are much more likely to suffer exacerbations.

Aim and objectives To compare the results of subjective adherence tests, such as the validated test of adherence to inhalers (TAI) in asthma with the results of objective adherence tests, such as the dispensing records.

Material and methods In the context of a doctoral thesis starting in January 2020 in a university hospital, every patient prescribed with a biologic agent for severe eosinophilic asthma had periodic interviews with a pharmacist during dispensation of the drugs. A total of 32 patients were recruited and, among other details, patients answered the TAI and the dispensing records for maintenance inhalers were checked by a pharmacist. The results of the TAI (0 to 50) and the dispensing records (0% to 100%) were compared, and the Pearson coefficient of correlation was calculated.

Results All patients answered the TAI and the mean result was 49.25 (46–50). The mean result for the dispensing records was 59% (0–100%) in the previous 6 months. The Pearson coefficient of correlation for these variables was 0.22.