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 AChEIs. 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.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

Conflict of interest No conflict of interest

5PSQ-184

**KNOWLEDGE AND ATTITUDE ASSESSMENT OF PHARMACISTS TOWARDS TELEPHARMACY IN RIYADH CITY, SAUDI ARABIA**

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**Background and importance**

Innovative technologies, such as telepharmacy, have significantly affected patient safety, quality of life and lowered healthcare costs. Telepharmacy has the potential to improve the quality of pharmaceutical care services by decreasing medication errors and adverse drug events. Also, telepharmacy can provide benefits in rural areas and places with a lack of facilities and/or specialist services.

**Aim and objectives**

To evaluate the pharmacist’s knowledge about the concept of telepharmacy, the skills required, the proper working environment and the attitude towards telepharmacy in Riyadh, Saudi Arabia, and to recognise any association between demographic factors, knowledge and attitudes towards telepharmacy.

**Material and methods**

A cross sectional multicentre study design was selected by a convenience sampling technique. An anonymous survey was carried out among pharmacists in nine governmental hospitals in Riyadh, Saudi Arabia. A validated self-administered questionnaire was used for the survey to assess knowledge, perceptions and willingness to do telepharmacy. The data were analysed using SPSS V.25. Descriptive statistics, independent t test, the Kruskal–Wallis H test and one way ANOVA were performed.

**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 ADHERENCE TESTS IN ASTHMA STILL RELIABLE WHEN THE PATIENT KNOWS WHAT WE WANT TO HEAR?**

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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 their 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.