

5PSQ-203 POLYPHARMACY AND POTENTIALLY INAPPROPRIATE MEDICATIONS IN ELDERLY ONCOHAEMATOLOGICAL PATIENTS REFERRED TO PALLIATIVE CARE: APPLICATION OF THE STOPPFRAIL CRITERIA

¹J Fernández Fradejas*, ¹H Martínez Barros, ²L Rexach Cano, ¹E Delgado-Silveira, ¹AM Álvarez Díaz. ¹Hospital Universitario Ramón Y Cajal, Pharmacy, Madrid, Spain; ²Hospital Universitario Ramón Y Cajal, Palliative Care, Madrid, Spain

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Background and importance Polypharmacy and potentially inappropriate medications (PIMs) are known problems in elderly patients, but their prevalence in cancer and end-of-life settings are less clear. Also, the number of specific criteria to assist clinicians in this setting is limited.

Aim and objectives To analyse the prevalence of polypharmacy and PIMs in elderly oncohaematological patients referred for palliative care.

Material and methods A retrospective observational study was conducted in a third level hospital. Oncohaematological patients aged 65 or older referred to palliative care between 1 April 2020 and 30 June 2020 were included. Gender, age, primary malignancy, ECOG performance score, comorbidities and chronic medications were collected. Survival was screened during a follow-up period of 3 months after first contact with the palliative care team. Demographic and clinical data were collected from the patient electronic medical records. Polypharmacy was defined as the use of five or more chronic drugs. PIMs were screened using the STOPPFrail criteria.

Results 62 patients were included, 39 men (63%), median age 78.5 years (range 65–94). 51 (82%) were oncological patients, 11 (18%) had a haematological malignancy and 53 (85%) had an ECOG ≥ 3 . Mean number of comorbidities per patient was 2.7 ± 1.8 and mean number of chronic drugs was 7.4 ± 3.5 . Polypharmacy was present in 49 (79%) patients. 85 PIMs were detected. At least one PIM was detected in 50 (80%) patients (mean 1.3 ± 0.9). The most frequent STOPPFrail criteria were B1 (lipid lowering therapies) (n=21), E1 (proton pump inhibitors at full therapeutic dose) (n=17), G1 (calcium supplementation) (n=11), A2 (drugs without clear clinical indication) (n=8) and I1 (antidiabetic oral agents) (n=8). Only 9 patients (14.5%) remained alive at the end of the follow-up period.

Conclusion and relevance The outcomes confirmed a high prevalence of polypharmacy and PIMs in elderly oncohaematological patients referred to palliative care. The STOPPFrail criteria might be useful in the detection of futile drugs eligible for deprescription in this population.

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. Lavan AH, Gallagher P, Parsons C, et al. STOPPFrail (Screening Tool of Older Persons Prescriptions in Frail adults with limited life expectancy): consensus validation. *Age Ageing* 2017;**46**:600–607. doi:10.1093/ageing/afx005. PMID: 28119312.

Conflict of interest No conflict of interest

5PSQ-204 DIFFERENCE IN ADHERENCE ASSOCIATED WITH THE ROUTE OF ADMINISTRATION

¹O Ibarra Barrueta*, ¹E Perez Diez, ¹E Ibarra García, ²U Aguirre Larracochea. ¹Hospital De Urduliz Alfredo Espinosa, Pharmacy Department, Urduliz, Spain; ²Hospital Universitario Galdakao, Investigation Unit, Galdakao, Spain

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Background and importance Adherence to medication is crucial to achieve outcomes in health.

Aim and objectives To assess annual adherence to medications in the outpatient pharmacy during 2019.

Material and methods We selected all patients on chronic therapy in our outpatient pharmacy, and the medication possession rate (MPR) during 2019 was measured based on the pharmacy refill record.

To assess the relationship between variables and adherence, the non-parametric Wilcoxon signed rank test and the Kruskal–Wallis test were applied. A p value < 0.05 was deemed to be statistically significant.

Results 131 patients on chronic treatment were selected. Mean age of the study group was 55.8 years (SD 16.9; range 17–92) and 51.2% were women. 51.2% of patients were on adalimumab, 7.6% baricitinib, 6.1% colistimetato and 4.6% etanercept, certolizumab and secukinumab. Patients were treated for rheumatic arthritis (34.4%), axial spondylitis (15.3%), psoriatic arthritis (14.5%) and Crohn's disease (12.2%). For route of administration, the principal route was the subcutaneous route (76.3%), oral in 16.8% and inhalation in 6.9%. Mean MPR in the study population was 96.1% (SD 9.2%) and the median days to assess adherence was 289.2 (IQR_{25–75} 223–360). The number of patients with MPR $< 90\%$ was 11 and only 7 patients had an adherence level $< 80\%$.

We indicated in the patient medical record any adherence problems in order to assess adherence and improve it at next visit or appointment. We found no relationship between adherence and gender (97.2% in women versus 94.9% in men, $p=0.33$) or age ($p=0.81$). Mean adherence regarding route of administration was 90.3% (SD 18.8%; $n=9$) for the inhalation route, 95.9% (SD 8.7%; $n=100$) for the subcutaneous route and 99.3% (SD 3%; $n=22$) for the oral route, with a statistical difference between them ($p=0.0064$). This difference was confirmed between the inhaled and oral routes ($p=0.002$) and subcutaneous and oral routes ($p=0.004$).

Conclusion and relevance The adherence level was high in our population and only 11 patients had an adherence level $< 90\%$. The route of drug administration appeared to be a determinant for adherence, especially for inhaled therapy.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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5PSQ-205 MANIPULATING TABLETS CONTAINING POORLY SOLUBLE PREDNISOLONE TO OBTAIN PAEDIATRIC DOSES

¹RH Svendsen*, ¹J Brustugun, ²I Tho, ³K Bjerknes. ¹Hospital Pharmacy Enterprises-South Eastern Norway, Oslo Hospital Pharmacy- Rikshospitalet, Oslo, Norway; ²University of Oslo, Department of Pharmacy, Oslo, Norway; ³Hospital Pharmacy Enterprises-South Eastern Norway, Hospital Pharmacy Ahus, Oslo, Norway

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Background and importance Manipulation of tablets is often necessary to achieve an appropriate dose in the paediatric ward.¹ However, previous studies have shown a difference in dose accuracy obtained on manipulation for different tablets, in particular for the slightly soluble drug substance aspirin.² Prednisolone is a very slightly soluble drug substance, and prednisolone tablets are frequently manipulated in paediatric care.