MUAMs authorised between 2017 and 2019 were marketed in Spain, mostly antineoplastic and immunomodulatory drugs. During these 3 years, the AEMP published 13 notes referring to MUAMs and they related to safety (30.7%), contraindications for use (30.7%), restrictions on use (23%) and informative notes (15.4%). Only two of these notes affected one of the authorised MUAMs from 2017 to 2019 (tofacitinib).

Conclusion and relevance The most frequent designated criteria were new active substance, followed by new biologicals, PASS and conditional/exceptional authorisations. The high number of MUAMs authorised each year in Europe and their special characteristics justifies the need to implement a circuit in the hospital pharmacy services that includes: sessions to remind staff of their importance, patient information sheets to reinforce greater follow-up and explain the most common adverse effects as well as a wider dissemination of information about restrictions of use and contraindications.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

Background and importance Anticoagulants are sources of iatrogenia when they are used, misused or not used, especially when medication errors are involved. The EAHP statement integrates pharmaceutical analysis into our practices mentioning that all prescriptions should be reviewed clinically when medication errors are involved. The EAHP statement integrates pharmaceutical analysis into our practice is highly variable. Clinical decision support systems have proven to be effective globally because of explicit clinical practice guidelines. The acceptance rate of PI by physicians was better. AVICENNE improved patient safety.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

Background and importance High anticholinergic burden (AB) has been associated with central and peripheral adverse events. Several anticholinergic scales were developed to estimate this AB. Patients residing in nursing homes are frequently prescribed a wide range of drugs but the rates of anticholinergic drug usage and the AB associated with these drugs have not been previously described.

Aim and objectives To study the anticholinergic prescription rates of patients residing in a nursing home and to compare the results from different anticholinergic scales when estimating AB.

Material and methods An observational cross sectional study was carried out from June 2020 to September 2020 in a nursing home. Variables collected were: age, sex, number of drugs prescribed, number of anticholinergic drugs prescribed, anticholinergic drugs prescribed, AB and anticholinergic risk. Patients were classified as polymedicaced if more than 5 drugs were prescribed and heavy polymedicaded if more than 10 drugs were prescribed. AB and anticholinergic risk were estimated with 10 anticholinergic scales.

Results 156 patients, 59.3% men, median age 74.2 (IQR 67.4–82.8) years, were prescribed a median of 10 (range 0–26) drugs with 2 (0–6) of them with anticholinergic activity. 84.0% (n=131) of patients were polymedicaded and 50.6% (n=79) were heavily polymedicaded. The most frequently prescribed anticholinergic drugs were: furosemide (21.2%, n=33), tramadol (13.5%, n=21), lorazepam (14.7%, n=23), metformin (13.5%, n=21) and clorazepate (12.8%, n=20). Anticholinergic risk and anticholinergic drug burden of patients who were prescribed at least one anticholinergic drug are shown in table 1.