

Results 13 patients were included, 76.9% men, mean age 60.4 ±8.8 years. Among the four patients with tumour samples that were evaluated for PD-L1 expression, 75% had a score ≥1. Three patients were treated with at least one previous line. Previous treatments were: sunitinib (n=3) cabozantinib (n=1) or nivolumab (n=1). IMDC risk classification: 7.7% favourable, 53.8% intermediate and 38.5% poor risk. Presence of metastases: lung (7/13), bone (5/13), liver (3/13), ganglionic (2/13), cerebral (1/13) and unknown (2/13). All patients were treated with pembrolizumab 200 mg every 3 weeks and axitinib 5 mg twice daily until progression, unacceptable toxicity or death. Mean duration of treatment was 28.7 weeks. 46% are continuing with active treatment. Discontinuation causes included: death (n=3), adverse effects (n=3) and progression (n=1). Toxicities included: asthenia grade (G)1–3 (n=11), anorexia G1–2 (n=6), diarrhoea G1–4 (n=5), liver profile alterations G1–3 (n=3), hyperthyroidism G1–3 (n=3), abdominal pain G1–2 (n=3), palmar–plantar erythrodysesthesia G2–3 (n=2), pruritus G1 (n=1), dizziness and paraesthesia G1 (n=1), vomiting G1 (n=1), thrombopenia G2 (n=1) and arthralgias G1 (n=1). Best TAC responses obtained were: 50% stable disease, 25% partial response and 12.5% progressive disease. In five patients the response rate was not evaluated.

Conclusion and relevance Effectiveness in our patients resulted in a higher objective response rate than that in the KEY-NOTE-426 trial. The combination treatment was well tolerated. To rationalise the use of novel medicines and optimise efficiency, measuring health results is crucial.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-225 ELDER FALLERS: A GROUP AT RISK OF READMISSION?

¹C Ratsimbazafy*, ¹C Schwab, ²N Richebourg, ²O Descours, ²Q Law-Koune, ¹C Fernandez, ¹P Hindlet. ¹Aphp.Sorbonne Université-Inserm-Institut Pierre Louis D'épidémiologie Et De Santé Publique, Pharmacy, Paris, France; ²Aphp Sorbonne Université, Pharmacy, Paris, France

10.1136/ejhp-pharm-2021-eahpconf.344

Background and importance Readmission of elderly patients is an issue of concern for both healthcare professionals and health authorities. The observed rate of unscheduled 30 day readmission is up to 14% in patients aged 75 years or over. Moreover, the proportion of readmissions deemed avoidable is estimated at 23%. In elderly patients, falls are frequent and can lead to consultations in the emergency department (ED) or even hospitalisation. The proportion of people hospitalised after visiting the ED for a fall increases with age: from 25% at 65 years to almost half at 90 years. At the end of the index hospital stay, readmission of older fallers are thus challenging for the healthcare system.

Aim and objectives To describe older patients hospitalised for falls and identify the risk of readmission in that population.

Material and methods We conducted an observational, single centre, prospective study (from April to June 2019). Inclusion criteria were: patients aged 75 and over, admitted to the ED for falls and consenting to the study. For patients subsequently hospitalised, geriatric scores were determined (risk of readmission (ISAR score), state of frailty, degree of autonomy (Katz

score)), and when appropriate, medication treatments were listed and compliance of patients was assessed (Girerd score).

Results During this 3 month study, 154 patients were included (median age 86 years (min 75–max 103), sex ratio 0.44), of whom 73 patients were hospitalised. Among these patients, 63% presented a high risk of readmission; 45.2% were at risk of frailty; 72.6% were dependent. Finally, 53 of the 73 patients (72.6%) had medications in the primary care setting and presented a 71.7% non-compliance or low compliance rate. 58 patients (79.5%) had at least one drug that can cause falls (min 1–max 7).

Conclusion and relevance Older patients presenting at hospital with a fall were often likely to become frail and the majority were dependent. More importantly, this population was at high risk of readmission. Therefore, future studies are now needed to test interventions aimed at reducing this risk.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-226 ANALYSIS OF HIGH ALERT MEDICATION PRESCRIPTIONS IN A NURSING HOME

¹R Sánchez Del Moral, ¹I García Giménez, ¹A Peláez Bejarano*, ²EM Talero Barrientos. ¹Hospital Juan Ramón Jiménez, Pharmacy Department, Huelva, Spain; ²University of Seville, Pharmacy Faculty-Pharmacology Department, Seville, Spain

10.1136/ejhp-pharm-2021-eahpconf.345

Background and importance High alert medications are those that, when they are not being properly used, are more likely to cause serious or even fatal harm to patients. Chronic patients are especially vulnerable to these possible errors because of their comorbidity and polypharmacy. The Ministry of Health, Social Services and Equality of Spain promotes the implementation of improving safe practices for those patients. In 2014, a panel of experts developed a list of high alert drugs for chronic patients to prioritise practices for improving safety in these patients. This list was named the HAMC list (high alert medications for patients with chronic illnesses) and was published by the Ministry of Health, Social Services and Equality of Spain.

Aim and objectives To analyse the prevalence of prescribed medications included in the HAMC list in a nursing home.

Material and methods A descriptive, transversal, retrospective study was carried out in September 2020 that included all residents with chronic illnesses in a nursing home assigned to our pharmacy service. Variables recorded were: demographic data, number of prescribed medicaments, and number and type of prescribed medicaments included in the HAMC list.

Results 81 patients were included (59 men) with a mean age of 72 (56–94) years. 721 drugs were prescribed, and 186 were included in the HAMC list. At least 1 HAMC was prescribed in 86% of patients, with a mean of 3 HAMC per patient (1–7). The therapeutic groups of the drugs on the HAMC that were prescribed were: benzodiazepines (63% of patients), inhibitors of platelet aggregation (36%), antipsychotics (26%), beta-adrenergic blockers (26%), oral hypoglycaemics agents (26%), loop diuretics (19%), oral anticoagulants (11%), antiepileptics (9%), opioids (9%), including minor and major opioids, insulin (7%), eplerenone/spironolactone (7%), immunosuppressants (1%) and non-steroidal anti-inflammatory drugs (1%).