

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

6ER-030 AN ANNUAL REVIEW OF DRUG SHORTAGES MANAGED BY THE MMUH PHARMACY DEPARTMENT

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Background and importance Drug shortages can adversely affect drug therapy, compromise or delay medical procedures, result in medication errors and ultimately cause patient harm. Drug shortages also have financial consequences for hospitals, the state and patients. In the Mater Misericordiae University Hospital (MMUH), the medicines information (MI) service collaborates with dispensary, clinical and other colleagues to manage drug shortages. In 2019, drug shortages represented 17% of the MI service workload in contrast with 9% in 2018.

Aim and objectives To review the nature and impact of drug shortages managed by the pharmacy department in 2019.

Material and methods Shortages were logged in MiDatabank with 'shortage' as a keyword. Relevant 2019 enquiries were identified. Details for each shortage were collected, categorised and analysed. The procedure for managing drug shortages was reviewed.

Results The pharmacy department managed 403 drug shortages in 2019. Most drug shortages lasted more than 1 month (56%) and were due to manufacturing delays or an unexpected increase in product demand. In most cases no purchasing action was taken as there was sufficient stock to cover the expected shortage duration (n=141; 81%) or because no alternative option was available (n=33; 19%). Apart from purchasing reactions, other actions needed were hospital wide communication (13%), immediate stock rationing (9%) and/or protocol amendments (3%). Drug shortages requiring further follow-up mainly concerned drugs of critical nature (eg, antimicrobials, fentanyl, morphine, lorazepam). 5% (n=22) of drug shortages were due to wholesaler issues. In four of these cases, immediate action was needed (hospital wide communication (n=2) immediate stock rationing (n=2)). Wholesaler shortages do not fall under the accepted European or national definition of a true drug shortage, however, MMUH experience is that these shortages can require similar assessment and treatment as true shortages. The MMUH pharmacy department processes on managing drug shortages were reviewed and streamlined to provide a stepwise approach with individual pharmacy department member roles and responsibilities clearly defined.

Conclusion and relevance Drug shortages are a challenging part of pharmacy service delivery with a significant impact on daily operations. Greater collaboration among all stakeholders is needed in Ireland to enable pharmacy departments to appropriately assess the impact of drug shortages and make practical decisions to ensure continuity of supply for patients.

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6ER-031 DEVELOPMENT OF A PATIENT CENTRED VIDEO ON MEDICATION MANAGEMENT AND A QUALITATIVE EXPLORATION OF PATIENTS' OPINIONS TOWARDS THE VIDEO

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Background and importance Insufficient patient knowledge of medicines on discharge from hospital can increase the risk of a medication related problem, which in turn can result in an adverse drug event occurring. Adverse drug events are a prominent factor of hospital readmissions which in turn increase illness and healthcare costs. There is no global standardised process for educating patients on how to manage their medicines on discharge from hospital.

Aim and objectives The aim of this study was to describe the development of a video to educate patients on medication management on discharge from hospital. In the process of developing the video, discharged patients' opinions of the video were explored with the objective of increasing the quality and usability of the tool.

Material and methods The video was designed and developed by a project team which consisted of various hospital staff members. A selection of patients who attended the hospital cardiac rehabilitation outpatient service (CROS) were purposefully sampled to watch the video and to complete a face-to-face semi-structured interview to determine their opinions towards the video. The semi-structured interviews were audio recorded, transcribed precisely and analysed using an inductive thematic approach.

Results The video was 6 min and 29 s in duration and was designed around the theory of multimedia learning and the application of video design principles. Ten patients from the hospital CROS viewed the video and completed a semi-structured interview on their opinions towards the video. Patients ranged in age from 41 to 81 years (mean 60 years) and were predominantly men. Three major themes and several sub-themes were identified in relation to patients' opinions of the video: theme 1=patient education; theme 2=accessibility; and theme 3=enhancing patient empowerment.

Conclusion and relevance This study illustrated the development of an educational video on medication management and the potential of the video to empower patients and enhance learning. All interviewees concluded that the video should be incorporated into the hospital discharge process and suggestions on how to improve access and patient learning from the video were reviewed. The video is now live on the hospital website.

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6ER-032 PUBLIC OPINION AND PERSONAL SITUATION IN TIMES OF THE COVID-19 PANDEMIC

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Background and importance Recent results showed that most European citizens want the European Union (EU) to provide more financial support to overcome the impact of the pandemic. Public health tops the priority list followed by economic recovery. Findings revealed that more than 75% of Europeans on average have heard about the measures taken by the EU against COVID-19 and a rising number of respondents are now satisfied with these measures. Simultaneously, a majority is nevertheless still not satisfied with the solidarity shown among EU member states during the crisis. What is the opinion of a non-EU country?

Aim and objectives To explore and evaluate the national perception of a non-member state about the EU response to the COVID-19 pandemic, EU competences and budget, satisfaction with EU measures, solidarity among member and non-member states and personal circumstances and financial consequences of COVID-19. A survey was conducted (August–September 2020) in 164 randomly selected participants, aged 18–64 years.

Material and methods The questionnaire consisted of eight adapted questions from the European Parliament specific survey ‘Public opinion in the EU in time of coronavirus crisis 2’. The interviews were conducted by telephone.

Results Around 63% of respondents had heard that the EU proposed various measures to fight the consequences of the COVID-19 pandemic, but more than half (57%) did not know what they were. Of those who were familiar with them, 40% reported satisfaction. Most respondents (72%) were not satisfied with the solidarity among EU and non-EU member states. Asked about the policy fields where this enlarged budget should be spent, public health was a priority (65%), followed by economic recovery and new opportunities for businesses (53%), and employment and social affairs (41%). A clear majority (79%) supported a larger budget to fight COVID-19. 75% of respondents reported experiencing personal financial difficulties. The feelings that best described their current emotional state were uncertainty (63%), helplessness (32%), fear (23%), hope (43%) and confidence (28%).

Conclusion and relevance Public opinion in the time of COVID-19 did not differ significantly from the opinion of European citizens. However, most respondents were not satisfied with the solidarity among EU and non-EU member states. Personal financial difficulties remain significant.

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6ER-033 PHARMACIST LED DEPRESCRIBING AND FOLLOW-UP IN A SUBACUTE MULTIDISCIPLINARY OUTPATIENT CLINIC: A PILOT RANDOMISED CONTROLLED TRIAL

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Background and importance Medication deprescribing is essential to prevent inappropriate medication prescribing. However, the experiences of deprescribing in Danish outpatient clinics are limited.

Aim and objectives Our objective was to determine the feasibility of a pharmacist led deprescribing intervention in subacute multimorbid patients in a multidisciplinary outpatient clinic.

Material and methods Participants were randomised 1:1 to the intervention or standard care. A senior pharmacist performed a systematic deprescribing intervention, including a patient interview with follow-up 7 and 30 days after inclusion. A senior physician received the proposed recommendations and decided which should be implemented. The main outcome was the number of patients having ≥ 1 sustained medication deprescribed between inclusion and the 30 day follow-up.

Results Of 76 eligible patients, 72 (95%) were included and 67 (93%) completed the study (57% men; mean age 73 years and mean number of prescribed medications 10). In total, 37 medications were deprescribed in the intervention group and 5 in the control group. 19 patients (56%) in the intervention group and 4 (12%) in the control group had ≥ 1 sustained medications deprescribed 30 days after the intervention ($p=0.015$). The three most frequent deprescribed medication groups were analgesics, and cardiovascular and gastrointestinal medications.

Conclusion and relevance In conclusion, a pharmacist led deprescribing intervention to subacute multimorbid patients is feasible to perform in a multidisciplinary outpatient clinic.

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6ER-034 MEDICATION DEPRESCRIBING AND FOLLOW-UP: A SURVEY AMONG SUBACUTE MULTIMORBD PATIENTS IN A MULTIDISCIPLINARY OUTPATIENT CLINIC

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Background and importance Medication deprescribing is essential to prevent inappropriate medication in multimorbid patients. However, experiences of patients’ perspectives on deprescribing and follow-up in Danish outpatient clinics are limited.

Aim and objectives The aim of our study was to investigate polymedicated multimorbid patients’ attitudes to deprescribing in a multidisciplinary outpatient clinic.

Material and methods Our survey was a cohort study of 72 multimorbid patients with a mean age of 73 years. These patients used 10 prescribed medications on average. The survey took place in a subacute setting at a multidisciplinary outpatient clinic, where follow-up was part of the deprescribing process. The validated patients’ attitudes towards deprescribing (PATD) was used.

Results 50 patients (69%) thought that they took a high number of medications, and 48 patients (67%) expressed a desire for deprescribing parts of their medications. If the deprescribing was proposed from their physician, 69 patients (96%) were willing to stop. 33 patients (46%) believed that one or more of their medications caused side effects. 24 patients (33%) felt they took at least one regular medication that they no longer needed. When presented visually with the different number of tablets and capsules, 36 patients (50%) reported they were comfortable taking less medications than they currently used. Of the surveyed patients, 27 (38%) had