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.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

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.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

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