**Background and importance** Population aging is associated with a major hospitalisation rate in nonagenarians; therefore, it is necessary to describe them and analyse any peculiarities.

**Aim and objectives** To describe the pharmacotherapeutic profile of nonagenarians versus non-nonagenarians in a cohort of hip fracture patients.

**Material and methods** In a retrospective cohort, all hip fracture patients hospitalised in a tertiary hospital between 9 January 2020 and 5 March 2020 were included. Numerous variables were collected, related to hip fracture (type of fracture and surgery date), biodemography (age, sex, origin and destination on discharge), medical history (dementia, Charlson index and hospitalisation stay), clinical analyses (urea, creatinine and glomerular filtrate) and medication (polypharmacy, anticholinergic burden (according to Duran and Cols equation) and drugs potentially involved with fractures). Continuous variables were expressed as medians (interquartile range) or as means (SD). A descriptive study and a hypothesis contrast test were conducted between nonagenarians and non-nonagenarians. Stata IC14 was used.

**Results** 99 patients were included of whom 73 were women and 36.4% were nonagenarians. Mean age in the nonagenarians and non-nonagenarians was 93±2.73 and 86.2±6.83 years, respectively. Hospitalisation stay was similar in both groups (13 days (9–6) in <90 years old vs 12 days (9–17) in ≥90 years old). No significant differences were found for the biodemographic and clinical variables. The glomerular filtrate was higher in the non-nonagenarian group (74 (53–85) mL/min vs 65.5 (35.6–63) mL/min). Minor polypharmacy was found in the nonagenarian group (7.6±2.9 in ≥90 years vs 8.3±3.6 drugs in <90 years (p=0.33)). The anticholinergic burden was minor in the nonagenarian group (16.7% with high anticholinergic burden vs 28.5%, p=0.14). No differences were found regarding the number of drugs that could increase the risk of a hip fracture (1.5 (1–3) in <90 years vs 2 (1–4) in ≥90 years).

**Conclusion and relevance** Comparing nonagenarians and non-nonagenarians, these results suggest that patients aged ≥90 years do not need a different clinical approach, in contrast with that expected in an older population. With evidence of deterioration in renal function in nonagenarians, extra vigilance is needed for drugs excreted in this way.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

Conflict of interest No conflict of interest.