NONAGENARIANS VERSUS NON-NONAGENARIANS IN THE HIP FRACTURE PATIENT: FROM A PHARMACOTHERAPEUTIC POINT OF VIEW

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10.1136/ejhpharm-2021-eahpconf.194

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 third level 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 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±17 and 86.2±6.8 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 46.5 (36.5–63) 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

PERSONALISED QT RISK ASSESSMENT—TO INFORM MEDICATION PRESCRIBING?

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10.1136/ejhpharm-2021-eahpconf.195

Background and importance QTc interval prolongation can lead to Torsades de Pointes (Tdp) which can result in sudden cardiac death. Several risk factors (certain drugs and patient related factors) can produce QT prolongation. AzCERT categorises these drugs. In our hospital, the pharmacist provides ‘QT advice’ for each prescription of a QT drug with a known risk of Tdp (CredibleMeds list KR). In 2019, the