

#### 4CPS-362 NONAGENARIANS VERSUS NON-NONAGENARIANS IN THE HIP FRACTURE PATIENT: FROM A PHARMACOTHERAPEUTIC POINT OF VIEW

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**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 (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  $93 \pm 2.73$  and  $86.2 \pm 6.83$  years, respectively. Hospitalisation stay was similar in both groups (13 days (9–6) in <90 years old vs 12 days (9–17) in  $\geq 90$  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 ( $7.6 \pm 2.9$  in  $\geq 90$  years vs  $8.3 \pm 3.6$  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  $\geq 90$  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

#### 4CPS-363 DOES PATIENT CENTRED CARE PRACTICE IMPROVE MEDICATION ADHERENCE OF PATIENTS WITH TYPE 2 DIABETES MELLITUS?

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**Background and importance** Research has shown that patient centred interactions promote adherence and lead to improved health outcomes. The fundamental characteristics of patient centred care (PCC) were identified as (a) patient involvement in care and (b) the individualisation of patient care. The use of a numeric rating scale to measure the presence of these characteristics allows quantification from the patient perspective. Effective PCC practices were related to communication, shared decision making and patient education. The NICE guideline (CG76), the American Diabetic Association (2011) and the European Association for the Study of Diabetes (2015) recommended PCC to every person living with type 2 diabetes. However, there is a lack of empirical data for assessing the implementation of PCC and its relation to medication adherence in type 2 diabetic patients.

**Aim and objectives** The aim of the study was to assess and measure the implementation of PCC and its effect on medication adherence.

**Material and methods** We surveyed 224 type 2 diabetic patients attending our hospital diabetic clinic. We used the NICE self-reporting questionnaire to measure adherence and belief about medicine (BMQ), satisfaction with the information about medicines and illness perception to assess PCC. Univariate and multivariable logistic regression models were used to calculate the relation between adherence and PCC practice.

#### Results

- Patients who were given adequate opportunity to be involved in decision making about their treatment were found to be more adherent with adjusted RR of 0.33 (95% CI 0.13 to 0.84,  $p=0.020$ ).
- Patients who have understanding about their illness and medicine were found to be more adherent with adjusted RR of 0.34 (95% CI 0.13 to 0.88,  $p=0.026$ ).
- Patients who are concerned about the side effects of diabetic medicines were found to be less adherent with RR of 1.17 (95% CI 0.45 to 3.02,  $p=0.038$ ).

**Conclusion and relevance** Our survey results indicated that there was a statistically significant relation between PCC practice and medication adherence. We recommend PCC to be practised by doctors, pharmacists and diabetic specialist nurses to improve medication adherence in diabetic patients.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

The NICE guideline (CG76), the American Diabetic Association (2011) and the European Association for the Study of Diabetes (2015).

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#### 4CPS-364 PERSONALISED QT RISK ASSESSMENT—TO INFORM MEDICATION PRESCRIBING?

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**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<sup>1</sup> 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