

Results 200 patients (54% males and 46% females) admitted to HED were evaluated by the pharmacy team. Mean age was 75 (31–99) years.

66 interventions were proposed in 54 patients (27%). 55% were accepted and 22% rejected. The remaining 23% could not be appraised as patients had been discharged prior to the medical team evaluation of the suggestions.

Drug-related problems found were: 45% related to reconciliation (overdosing, underdosing, posology disparities, absence or no longer taking medicine prescription); 13% overdosing according to renal function or indication; 10% excessive anticholinergic burden that may have contributed to the current clinical problem; 9% underdosing for the indication; 8% lack of indication; 6% lack of prescription of a highly likely needed drug; 4% duplicities; 3% not optimal drug for the indication and 2% allergy-related problems.

Proposed actions were: dosing adjustments (50%), prescription (20%), discontinuation (20%), posology modification (7%) and alternative drug selection (3%).

Affected drug families were: antibiotics (22%), antidepressants, antipsychotics and anxiolytics (15%), antithrombotics (14%), blood pressure lowering agents (9%), vitamin and electrolytes supplements (9%), antiepileptics (7%), immunosuppressors (4%) and others below 3% of incidence (painkillers, statins, antiretrovirals, antiarrhythmics, anti-gouts, thyroid hormones and eye-drops).

Conclusion and relevance Multidisciplinary teams are beneficial to patients' care. Incorporating a pharmacist in a HED reduces the incidence of medication errors and can positively contribute to the management of patients. Medicines reconciliation, dosing and indication checking and pharmacotherapy optimisation are actions in which the pharmacy team is capable of actively contributing for patients' best outcomes.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-221 POTENTIALLY INAPPROPRIATE MEDICINES IN OLDER PATIENTS

¹A Peric*, ²S Vezmar Kovacevic. ¹Military Medical Academy – Faculty of Medicine, Department for Pharmacy, Belgrade, Serbia; ²Faculty of Pharmacy, Department for Pharmacokinetics and Clinical Pharmacy, Belgrade, Serbia

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Background and importance Chronic diseases, physiological changes associated with aging, and altered drug pharmacodynamics and pharmacokinetics as consequences of aging place elderly patients at high risk of prescribing potentially inappropriate medication (PIMs). Screening Tool of the Older Person's potentially inappropriate Prescriptions (STOPP) criteria refers to drugs classified according to the systems of the organs in which they operate.

Aim and objectives To determine the prevalence rate of PIMs in older patients (≥ 65 years) by using STOPP criteria on admission to the university hospital.

Material and methods A cross-sectional study including 250 patients ≥ 65 years, who had two or more drugs prescribed. Data collection lasted for 2 months and was conducted by a pharmacist. Approval for the study was granted by the ethics

committee of the hospital. Informed consent was obtained from all participants.

The inadequacy of prescribed drugs was assessed on the basis of STOPP criteria, using a shortened version with 30 indicators. Statistical analysis was performed using the software PASW Statistics (PASW Inc., Chicago, IL, USA) version 22 and Microsoft Excel 2010.

Results The mean age in the group was 74.23 ± 6.92 years. The majority were male patients (62.1%). 218 (87.90%) patients had hypertension. Mean of prescribed drugs was 5.25 ± 2.70 . We identified a total of 62 PIMs prescribed for 57 (22.98%) patients. Pantoprazole (46.77%) was the most prescribed, followed by diazepam (16.13%) and omeprazole (14.52%). The higher prevalence of PIMs related to proton pump inhibitors (PPIs) (42 of a total of 62 PIMs or 67.74%). Only 4 (13.33%) criteria were shown to be relevant for identifying PIMs (long-term use of PPIs, long-acting benzodiazepines, presence of therapeutic duplications, and use of thiazide diuretics in patients with gout). Correlation between the number of drug prescribed and the number of PIMs was significant ($\rho=0.297$; $p<0.01$).

Conclusion and relevance The STOPP criteria should be used when prescribing drugs to older patients with multimorbidity and polypharmacy in order to avoid the prescribing of inappropriate ones.

REFERENCES AND/OR ACKNOWLEDGEMENTS

- Bradley M, Fahey T, Cahir C, *et al.* Potentially inappropriate prescribing and cost outcomes for older people: a cross-sectional study using the Northern Ireland Enhanced Prescribing Database. *Eur J Clin Pharmacol* 2012;**68**:1425–33.

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4CPS-222 ADHERENCE IN POLYMEDICATED ELDERLY PATIENTS ADMITTED TO A TRAUMA WARD

L Moñino Domínguez*, A Aguado Paredes, A Martínez Suárez, C Castillo Martín. *Hospital Universitario Virgen Macarena, Hospital Pharmacy, Seville, Spain*

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Background and importance Polymedication is one of the most important problems facing healthcare professionals in Europe today.

Aim and objectives To analyse adherence in polymedicated elderly patients and its relationship with the number of drugs prescribed.

Material and methods Cross-sectional observational study, carried out between February and May 2021 in the Traumatology area of a tertiary hospital. Patients >75 years old, multipathological (≥ 2 chronic pathologies) and polymedicated (≥ 5 chronic medications) were included. We excluded those with whom we were unable to communicate, due to their physical/mental condition and absence of a companion.

The clinical history was reviewed, collecting anthropometric variables, pathologies and home medication, confirmed by a personal interview.

Adherence to treatment was measured using the Morisky–Green questionnaire, which consists of four dichotomous yes/no questions to obtain information on patient compliance. Adherence was related to the number of drugs prescribed.

The Shapiro–Wilk normality test and the non-parametric Mann–Whitney U test were used for statistical analysis. Results with p values <0.05 were considered significant.