

antidiabetic drugs/insulin. In 2021, the equivalent figures were 47.1%, 15.7% and 25.5%, respectively.

19.6% started treatment with calcium, cholecalciferol and/or bisphosphonate during the period.

In total, 113 treatment changes were made: musculoskeletal disorders (23%), simplification (21.2%), metabolism disorders (11.5%), virological failure (8.8%), resistance and kidney disorders (8.0%), interactions (7.1%) and others (12.6%).

**Conclusion and relevance** Cardiovascular, kidney and bone alterations are frequent in HIV patients aged  $\geq 60$  years. Treatment changes are conditioned by patients' comorbidities and are focused on avoiding long-term toxicities.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

**Conflict of interest** No conflict of interest

#### 4CPS-246 MEDICATION-RELATED ADMISSION WAS MORE FREQUENT IN ELDERLY PATIENTS HOSPITALISED IN AN ORTHOPEDIC UNIT THAN IN AN EMERGENCY DEPARTMENT IN TWO FRENCH HOSPITALS

<sup>1</sup>H Capelle\*, <sup>2</sup>C Baldin, <sup>3</sup>I Pons, <sup>4</sup>C Marble, <sup>1</sup>C Dumazer, <sup>2</sup>G Hache. <sup>1</sup>Centre Hospitalier Edmond Garcin, Pharmacy, Aubagne, France; <sup>2</sup>Assistance Publique Hôpitaux de Marseille, Pharmacy, Marseille, France; <sup>3</sup>Centre Hospitalier Edmond Garcin, Emergency, Aubagne, France; <sup>4</sup>Centre Hospitalier Edmond Garcin, Surgery, Aubagne, France

10.1136/ejhpharm-2022-eahp.230

**Background and importance** Medication-related admissions (MRAs) are common in the elderly and are preventable in almost half of cases. Pharmaceutical care aims to promote medication safety and reduce potentially inappropriate prescriptions. In our hospitals, clinical pharmacists perform medication reviews in both the emergency department (ED) and orthopedic units. As part of an ongoing process of quality improvement, we conducted a study to identify MRAs in patients over 75 years old hospitalised in these two clinical settings.

**Aim and objectives** The aim of this study was to compare MRAs prevalence in elderly patients hospitalised in the ED and orthopedic units in order to reassess the management of clinical pharmacists' interventions during hospitalisations.

**Material and methods** This prospective observational multi-centre study was conducted between May 2019 and March 2020, and included patients aged over 75 years admitted to the ED and orthopedic surgery departments of two French hospitals. We used the AT-HARM10 tool to distinguish possibly versus unlikely MRAs in elderly patients.

**Results** We included 266 patients. 166 patients were included in the ED (mean age  $86.0 \pm 5.7$  years; sex ratio 0.6; mean number of prescribed drugs  $7.7 \pm 3.8$ ). 100 patients were included in the orthopedic surgery departments (mean age  $85.2 \pm 6.1$  years; sex ratio 0.3; mean number of prescribed drugs  $6.4 \pm 3.6$ ). We identified 91 (55%) MRAs in ED and 75 (75%) MRAs in orthopedic units ( $p < 0.05$ ). Among MRAs, the most represented question of the AT-HARM10 was P5 in both groups (Might side effects of the medications the patient was taking prior to hospitalisation have caused the admission?) and the most involved drugs were those acting on the nervous system (ATC-N).

**Conclusion and relevance** We found MRAs rates comparable to results reported in previous studies about elderly patients in ED. MRAs were more frequent in elderly patients admitted in orthopedic surgery. These results led us to prioritise more

medication reviews by clinical pharmacists for older patients in surgery departments, to guarantee a continuity of patient's care and potentially avoid re-hospitalisations.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

**Conflict of interest** No conflict of interest

#### 4CPS-247 EVALUATION OF THE CLINICAL IMPACT OF MEDICATION RECONCILIATION ON ADMISSION USING THE CLEO TOOL

<sup>1</sup>H Capelle\*, <sup>2</sup>A Bournaillie, <sup>1</sup>M Ivry, <sup>2</sup>V Seux. <sup>1</sup>Centre Hospitalier La Ciotat, Pharmacy, La Ciotat, France; <sup>2</sup>Centre Hospitalier La Ciotat, Medicine, La Ciotat, France

10.1136/ejhpharm-2022-eahp.231

**Background and importance** Medication reconciliation is a clinical pharmacy process to prevent medication errors at transitions of care. We integrated this activity into the management of elderly patients in our hospital a year ago. CLEO is a comprehensive tool that assesses especially clinical impact of pharmacists' interventions (PIs) developed by experts of the French Society of Clinical Pharmacy (SFPC). We used it to evaluate the potential clinical impact of medication reconciliation on the patient.

**Aim and objectives** The aim of this study was to assess unintentional medication discrepancies (UD) in admission orders with potential for patient harm (moderate or major clinical impact) with the CLEO tool.

**Material and methods** We conducted a prospective observational monocentric study between September 2020 and August 2021 on internal medicine patients aged over 65 years in a French hospital. They all benefitted from medication reconciliation upon admission and we used the CLEO tool to rank the clinical impact (Negative/Null/Minor/Moderate/Major/Avoids Fatality) of UD. UD were scored by two experienced clinicians.

**Results** 318 patients were included (mean age  $82.3 \pm 8.0$  years; sex ratio 0.4; mean number of prescribed drugs  $8.0 \pm 4.0$ ; mean length of stay  $8.2 \pm 6.7$  days). 176 patients had at least 1 UD (55%) and we found 2.1 UD per patient. 63% of UD were associated with a "moderate" clinical impact ("The PI can prevent harm that requires further monitoring/treatment, but does not lead to or does not extend a hospital stay") and 2% were "major" ("The PI can prevent harm which causes or lengthens a hospital stay OR causes permanent disability or handicap").

**Conclusion and relevance** The identification of UD with moderate and major clinical impact underline the significance of the sustainability of medication reconciliation in routine clinical practice. Furthermore, according to the Multi-Center Medication Reconciliation Quality Improvement Studies (MARQUIS), the cost of harmful medication error to hospitals in the USA is about \$4655. If we expanded to 241 UD with a moderate or major clinical impact, we could easily calculate significant annual savings to hospitals as a result of avoided harmful medication errors, providing useful input to convince hospital boards about medication reconciliation return on investment, in addition to the benefit expected for patients.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

**Conflict of interest** No conflict of interest