4CPS-270 INVESTIGATING THE USE OF PATIENT FRAILTY TO GUIDE PHARMACIST-LED MEDICATION REVIEW

[1,2]E Kennedy*, [1]D Lynch, [2,3]A Kerr. [1]*Cork University Hospital, Pharmacy, Cork, Republic of Ireland*; [2]*University College Cork, Pharmacy, Cork, Republic of Ireland*; [3]*Robert Gordon University, Pharmacy, Aberdeen, UK*

10.1136/ejhpharm-2022-eahp.244

Background and importance As the worldwide population ages, chronologically 'old' patients are becoming a diverse group with different healthcare needs. Frailty has been suggested as an alternative to chronological age for identifying patients at risk of poorer health outcomes. It is proposed that patient frailty could help to prioritise patients who can benefit most from pharmacist-led medication review.

Aim and objectives To examine a relationship between patient frailty and (1) specific high-risk medication use criteria and (2) potentially inappropriate prescribing using the Medication Appropriateness Index (MAI).

Material and methods A convenience sample of 58 patients was obtained from patients reviewed by a Geriatric Emergency Medicine Service. Data including medication lists, medical history, age, sex and Clinical Frailty Scale score was gathered. These data were used to assess how many high-risk medication criteria each patient met. A subgroup of 40 patients had the Medication Appropriateness Index (MAI) tool applied. A correlation coefficient was calculated using Excel (Microsoft Office 2019) to investigate the relationships between CFS and high-risk medication criteria, and CFS and MAI.

Results The correlation coefficient between CFS and high-risk medication use criteria was calculated as 0.13. A higher correlation coefficient of 0.4 was found for the relationship between CFS and MAI. Patients' CFS score ranged from 3 to 8. In the 58 patient sample 45% of patients had a CFS score = 6 (moderately frail), 96% of patients had at least one high-risk criteria present, polypharmacy was present in 85% of patients and 48% of participants were taking at least one 'high-risk' drug. All 40 patients who had the MAI tool applied scored $\geq$1, the range was 1–29 per patient. 31% (103/331) of drugs examined were deemed inappropriate by meeting one or more of the criteria outlined in the MAI tool.

Conclusion and relevance This study failed to identify a specific level of frailty at which pharmacist intervention may be of most benefit. However, the group of patients included in this study are at high risk of adverse drug effects and are a population that should be prioritised for pharmacist review.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Thanks to Aisling Kerr, Deirdre Lynch and colleagues in the pharmacy department and GEMS, CUH.

Conflict of interest No conflict of interest

4CPS-271 ADHERENCE TO MEPOLIZUMAB AND BENRALIZUMAB IN REAL CLINICAL PRACTICE

[1]ME Navarrete Rouco*, [1]L Comella-Anaya, [1]N Carballo, [2]P Ausin, [2]JG Gonzalez, [1]E Hernandez, [1]A Rodriguez-Alarcon, [1]O Ferrandez-Quirante. [1]*Hospital del Mar, Pharmacy, Barcelona, Spain*; [2]*Hospital del Mar, Pneumology, Barcelona, Spain*

10.1136/ejhpharm-2022-eahp.245

Background and importance Mepolizumab and benralizumab are two biological drugs used in severe uncontrolled asthma (SUA) patients. There is a lack of data in actual clinical practice regarding the relationship of effectiveness and adherence.

Aim and objectives The aim of this study was to describe the treatment adherence of mepolizumab and benralizumab in SUA patients and to assess the relationship between this adherence and effectiveness.

Material and methods Retrospective observational study developed in the Outpatient Pharmaceutical Care Unit of a tertiary university hospital. All patients diagnosed with SUA who were under treatment with mepolizumab and benralizumab were included during the period January 2017–March 2021.

Data collected: demographic; pharmacological: drug (mepolizumab/benralizumab), duration of treatment (DOT), concomitant administration of oral corticosteroids (OC); phenotype (eosinophilic/allergic/other).

Non-adherence was evaluated by reviewing all scheduled drug dispensing visits in the computerised application. This fact was considered every time that a patient collected medication later than scheduled according to frequency of administration (28 days for mepolizumab and 56 days for benralizumab), by which dispensation missed (DM) was defined.

The number of DM was identified for mepolizumab (DM-mepolizumab) and benralizumab (DM-benralizumab).

Effectiveness was defined by evaluating at baseline/3/6/12 months: the *Asthma Control Test* (ACT) parameter, forced expiratory volume in the first second (FEV_1) and need for OC.

Results are presented as median (standard deviation) for quantitative variables and number (percentage) for qualitative variables.

Results Thirty-four patients were included: age 59 (12) years, women 21 (55.3%), obese 10 (26.3%), Caucasian 31 (81.6%).

Results were: mepolizumab 22 (57.9%) and benralizumab 16 (42.1%), both drugs were used sequentially in 4 patients (11.8%). Naïve 22 (57.9%), DOT 20.0 (11.7) months, concomitant OC 15 (39.5%); eosinophilic phenotype 26 (68.4%), allergic 5 (14.7%), others 7 (18.4%).

A total of 622 dispensations were identified: mepolizumab 505 (76.5%) and benralizumab 155 (23.5%).

DM 30 (4.8%) were distributed as DM-mepolizumab 27/30 (90%) versus DM-benralizumab 3/30 (76.5%).

Effectiveness (baseline/3/6/12 months) was shown to be: ACT 12/20/17/17, the FEV_1 of 58%/76%/72%/83% and the number of patients with OC of 15/17/16/9.

Conclusion and relevance Mepolizumab or benralizumab were collected later than expected in less than 5% of scheduled dispensations. Thus a high grade of adherence to these drugs could be considered.

More adherence to the biological drug was related to higher effectiveness according to the values of ACT, FEV_1 and use of OC for the first year of treatment.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-273 IMPACT OF A SPECIALIST PHARMACIST ON HEPATO-PANCREATICO-BILIARY (HPB) SURGICAL WARD ROUNDS AT A LARGE TERTIARY LIVER CENTRE

[1]C Thompson*, [2]A Orr. [1]*University of Brighton, School of Applied Sciences, Brighton,UK*; [2]*King's College Hospital NHS Foundation Trust, Pharmacy, London, UK*

10.1136/ejhpharm-2022-eahp.246