

4CPS-020 COMPARISON OF DEPRESCRIBING STRATEGIES: LESS-CHRON CRITERIA VERSUS THE GOOD PALLIATIVE-GERIATRIC ALGORITHM IN A NURSING HOME

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Background and importance Polypharmacy and the use of potentially inappropriate medication are frequent in nursing homes and are associated with adverse health outcomes. Deprescribing has been proposed as a way to curtail this problem; however, the best way to implement deprescribing and its real impact are still unclear.

Aim and objectives To compare two different deprescribing strategies and to assess the impact of their application in a nursing home.

Material and methods Quasi-experimental study of pre-post design in a nursing home July–September 2020. Inclusion criteria: inpatients aged >65 years and >5 medications. The pharmacist applied the LESS-CHRON criteria (LCs) and the good Palliative-Geriatric algorithm (gPG) to the same population to assess the differences. If the individual met the criteria for deprescription an intervention was made. Gender, age, number of drugs, intervention, organ system involved and interventions accepted were registered. The reduction of LCs was evaluated. The main variable was the impact on the average number of medications per patient according to the strategy used if all the interventions were accepted.

Results The treatment of 33 residents was reviewed. Median age was 74 years and 40.7% were men. The average number of medications per patient was 9.4.

LCs: 28 criteria were detected in 17 different residents. 32.1% involved cardiovascular system (55.5% regarding anti-hypertensives) and 28.5% nervous system. 8/28 proposed interventions were accepted, reducing the number of LCs by 28.5%.

gPG algorithm: 21 recommendations were added resulting in a total of 49 in 25 patients. Of these 21, 80.9% were aimed at suspending drugs not included in the LCs and 14.2% at reducing doses. 66.6% of the proposed interventions were accepted. Encompassing the two strategies, 44.8% of the interventions carried out were accepted.

Acceptance of all interventions would have meant a reduction of 1.27 medications per resident on average applying the gPG versus a reduction of 1.03 according to the LCs.

Conclusion and relevance The LCs are a tool to help deprescription in individuals with multimorbidity, especially those related to the cardiovascular system; however, it is necessary to validate whether they are useful in patients with a longer life expectancy, where an algorithm such as gPG may be preferable.

REFERENCES AND/OR ACKNOWLEDGEMENTS

LESS CHRON: tool for deprescribing in patients with multimorbidity.

Conflict of interest No conflict of interest

4CPS-021 POST-STERNOTOMY MEDIASTITIS: A MEDICOECONOMIC STUDY COMPARING TWO PREVENTIVE STRATEGIES IN CARDIAC SURGERY

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Background and importance Causing excess mortality and prolonged hospitalisations, mediastinitis is a serious sternal wound infection that can occur after open heart surgery. With an incidence of 4.2% in 2020 in our hospital which specialises in thoracic and cardiovascular surgery, its occurrence must be prevented.

Aim and objectives To compare the cost-effectiveness of standard treatment with Collatamp G, a gentamicin-impregnated implant, and negative pressure therapy with Pico 7.

Material and methods Cost-effectiveness study comparing one retrospective control arm (standard sternal dressing – July to September 2019) and two prospective intervention arms (Collatamp G and Pico 7 – November 2020 to February 2021). Patients with at least one risk factor (RF) for postoperative mediastinitis were included. The primary endpoint was the incidence of mediastinitis at 1 month after surgery (M1). From the medical record, postoperative hospital costs were collected to calculate the incremental cost-effectiveness ratios (ICER).

Results A total of 82 patients were included. The mean number of RF/patient was 1.7 (83/48) in the control arm, 1.8 (46/25) in the Collatamp G arm and 2.4 (22/9) in the Pico 7 arm ($p < 0.05$). The incidence of mediastinitis at M1 was 8% (4/48), 4% (1/25) and 11% (1/9), respectively ($p > 0.05$). Two cases of air leak making the Pico 7 system ineffective were noted. The postoperative hospital costs were €12 860/patient (control), €10 451/patient (Collatamp G) and €13 127/patient (Pico 7). The ICER is €55 583/mediastinitis avoided with Collatamp G versus €9616/mediastinitis avoided with Pico 7.

Conclusion and relevance The difference in the incidence of mediastinitis was not significant. Both strategies are more cost effective than standard sternal dressing. The ICER is in favour of Collatamp G, but the Pico 7 arm population has more RF and the observed leaks can be resolved. Pico 7 should be re-evaluated with the addition of a sealing patch when there is a risk of leakage. By supporting surgical teams in the evaluation of preventive strategies, the hospital pharmacist contributes to optimise treatments at the best cost.

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Conflict of interest No conflict of interest