

In addition, 838 PIs were transmitted for DRPs identified following the overall analysis of the situation. These last two comments constitute the specific added value of using a PDSS.

Another 927 DRPs (12.6% of all DRPs detected) had already benefited from a PI by another pharmacist.

For 1364 DRPs (18.5% of all DRPs detected) the physician changed the drug management just before analysis of the alert.

Conclusion and Relevance A PDSS is both efficient and offers added value in routine care to secure the patient's medication management.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-220 EVALUATION OF THE IMPLEMENTATION OF A PRE-EXPOSURE PROPHYLAXIS PROGRAMME: 2 YEARS EXPERIENCE IN OUR REGION

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Background and Importance HIV remains a significant social and economic problem. Recently, continuous use of antiretrovirals (tricitabine/tenofovir) have been used as pre-exposure prophylaxis (PrEP) with positive clinical and economic outcomes. However, the use of drugs in individuals without pathology can be controverted due to the potential exposure to toxic effects.

Aim and Objectives To study the sociodemographic characteristics, effectiveness, and safety of PrEP in the users of our region.

Material and Methods

Retrospective study Period August 2021 to September 2023. Variables: gender, age, risk behaviours, sexually transmitted infections (STI), chemsex, adherence, serology, side effects, discontinuation.

Results 303 users enrolled from August 2021 to September 2023. There are 297 males, four transgender women, one female, and one non-binary. Users' age distribution was: <25 (2%), 25–34 (28%), 35–44 (43%), 45–54 (20%), 55–64 (5%), and >65 (1%).

58% were engaged in three or more risk behaviours. >10 sexual partners during last year (93%), no condom (85%) and a sexually transmitted infection (STI) in the last year (52%). Approximately 37% reported drug use, mostly poppers (80%), cocaine, marijuana, ecstasy and GHB (around 35% each), speed (24%), and ketamine (14%). 326 STIs were diagnosed: 51% gonorrhoea, 32% chlamydia, and 17% syphilis. Only 70% of users reported a perfect adherence. None became infected with HIV.

Regarding safety, 19% experienced adverse effects, almost all of which were mild and self-limiting. Gastrointestinal disorders (13%), nausea (6%), and headache (3%) were the most common adverse effects. 27 users discontinued the programme. 10 of them due to renal impairment, four from adverse effects, and 13 for personal reasons. Average serum creatinine deviation from baseline at 1, 3, 6, 12, 18 and 24 months was $0,02 \pm 0,2$ mg/dL for every period.

Conclusion and Relevance PrEP is an effective and safe strategy for preventing HIV infection in individuals practising risky behaviors, the majority being young adults with higher education or further and employed. Follow-up programmes allow for the detection and treatment of multiple STIs to reduce their spread, requiring a specialised team to provide the necessary treatment and education. Interestingly, renal function was not affected at least in short term use within two years and despite low adherence, no user was infected by HIV.

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4CPS-221 EVALUATION OF THE RELEVANCE OF STATINS PRESCRIPTION IN THE ELDERLY: TOWARDS A DEPRESCRIPTION?

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Background and Importance Statins effectiveness in reducing cardiovascular risk has been demonstrated in numerous studies. However, the assessment of the benefit/risk balance can favour deprescription

Aim and Objectives Evaluation of the relevance of deprescribing statins in patients over 75 years old.

Material and Methods This is a prospective observational study lasting 6 weeks in patients over 75 years of age hospitalised in the departments of cardiology, pulmonology and geriatrics. A daily analysis of computerised prescriptions on HopitalManager® software was done. It led to pharmaceutical interventions (PI), oral and written, about dosage reduction or statin discontinuation in cases of misuse or irrelevant prescription. Misuse situations correspond to statins use without indication found or with presence of adverse effects, drug interactions (DI) or contraindication (CI). Statin discontinuation was either gradual or immediate. PI monitoring was controlled at patient discharge.

Results In total, 48 patients were included. Average age was 83 years and sex ratio M/F was 0.92. A statin indication was found and justified for 33 patients (68.7%). PIs were formulated for 15 patients (31.3%). Among these 15 patients, nine (18.8%) did not have an indication for a statin prescription. The proposed PI was a gradual dose reduction (accepted for 7/15 patients). Of 15 patients, six (12.5%) had no statin indication and an increase in Creatine Phospho Kinase (CPK) levels attributable to the statin. Thereby, 5/6 had an increase lower than five times normal (<5N). The proposed PI was a progressive decrease. Only 1/6 had CPK > 5N. It led to immediately stop the statin. PI were accepted for all six. No CI or DI were detected. The total acceptance rate for PIs is 13/15 i.e 86.7%.

Conclusion and Relevance This work confirmed the multidisciplinary interest in the re-evaluation of statin indication and its deprescription when it no longer had its place in patients therapeutic strategy. However, this decision making is more complicated among hospital professionals who are not at the origin of the initiation. Strengthening the city-hospital link could improve it. In existence of protocols is also an obstacle to deprescription. Harmonising practices with the development of a deprescribing algorithm would be an ideal tool to

facilitate patient care. This algorithm is the subject of a parallel work.

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4CPS-222 THE REAL-LIFE OF BENZODIAZEPINES IN GERIATRIC DEPARTMENTS: CAN THE PHARMACIST HAVE AN IMPACT?

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Background and Importance Benzodiazepines and derivatives (BZD) are anti-anxiety or hypnotic drugs. They are frequently prescribed over a long period of time and are rarely re-evaluated. However, they can cause side effects, especially among the elderly. It is then necessary to reassess the treatment. Through his activities, the pharmacist may participate at a re-evaluation of treatment (pharmaceutical validation, medication reconciliation process).

Aim and Objectives This study assesses the impact of the pharmacist in the re-evaluation of benzodiazepines treatments.

Material and Methods An extraction of prescriptions containing at least one BZD in a geriatric ward was conducted for 4 months. A pharmaceutical analysis of the prescription is carried out, then pharmaceutical interventions are made by message to the prescribers via our prescription software in order to propose substitutions, dosage reductions or stoppage of treatments by BZD.

At the patient's discharge, a comparison of the exit prescription and the prescription during the hospitalisation allows us to know if the pharmaceutical interventions were accepted. Some patients have had a medication reconciliation process during which the same proposals are made to the doctor.

Results A total of 202 BZD were prescribed to the geriatric unit over 4 months, representing 169 patients. Of these, 34.2% were initiated during hospitalisation and 65.8% were home treatments.

A pharmaceutical intervention was performed in 71% of cases: a substitution was proposed in 40%, a dosage decrease in 13.3%, a re-evaluation of exit treatment in 15% and a discontinuation in 31.7%.

A total of 55% of pharmaceutical interventions were accepted at the discharge of patient.

Among the 169 patients, 12.4% received a medication reconciliation process during which pharmaceutical interventions were done: a substitution was proposed in 28.6% of cases, a dosage decrease in 19% and a discontinuation in 52.4%. In 100% of cases, they were accepted.

Conclusion and Relevance Through this study, we analyse that the pharmacist has a positive impact on the re-evaluation of treatments, especially during the medication reconciliation process where a review of BZD drug relevance is carried out with the geriatrician. It would be interesting to analyse if the presence of a pharmacist on the ward may improve the acceptance of pharmaceutical interventions and allow more medication reconciliation processing.

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4CPS-223 A STUDY ON THE PERCEPTION OF ELDERLY PATIENTS ON THE EXPIRATION DATE AND STORAGE OF PRESCRIBED MEDICATION: A QUESTIONNAIRE STUDY

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Background and Importance Due to the increase in the elderly population in Korea, the number of powdered medicines and long-term repackaging of prescriptions has increased. As a result, the safety of medicines is becoming vulnerable.

Aim and Objectives This study aims to find out how elderly patients perceive the expiration date and storage of prescription drugs and to consider appropriate patient education for the safe use of drugs.

Material and Methods A cross-sectional study was conducted among 221 elderly outpatients from 14 December 2022 to 21 April 2023 at Veterans Health Service (VHS) medical centre in Seoul, South Korea. The questionnaire was divided into five parts. We used a Chi-squared test and Fisher's exact test to compare each group and $p < 0.05$ was considered statistically.

Results A survey of 213 people was analysed, excluding eight who dropped out. When asked about the expiration date of the prescribed medicines, the most people responded '3 months'. The main storage place for medicines was the 'living room/bedroom drawer' at 30.52%. The main storage places for powdered medicines were 28.64% for 'refrigerator/kimchi refrigerator' and 26.29% for 'living room/bedroom drawer.' There were 136 people (63.85%) who responded that they would grind 3 months' worth of powdered medicine at once, and the most common reason given by 66 people (30.99%) was 'difficulty in grinding'. Seventy-seven people (36.15%) said they would crush the pill every time they took it, and the most common reason was 'risk of deterioration' at 37 people (17.37%). There was no statistically significant difference when analysing the perception of expiration date and storage of medicines according to drug managers and perception of powdered medicine according to whether or not to prescribe powdered medicine.

Conclusion and Relevance Elderly patients recognised the expiration date of oral medicines was shorter than recommended by the Korean Pharmaceutical Association. There was also a lack of awareness of how to properly store medicines. Therefore, in consideration of drug safety, long-term prescriptions, repackaged prescriptions, and powdered preparations should be avoided if possible. If medical institutions conduct patient education for the safe use of medicines, they will be able to provide proper pharmacist services that consider the safety of medicines.

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4CPS-224 MEDICATION RECONCILIATION IN A SURGERY DEPARTMENT: 6-MONTHS' EXPERIENCE

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