

ineffectiveness of other antimicrobial classes, or local respiratory infections outbreak. The EMA recall released in May 2023 represents a tool to strengthen the attention about fluoroquinolones and avoid their prescription outside the recommended uses.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

5PSQ-003 IMPROVING MEDICINES MANAGEMENT OF INPATIENT PARKINSON'S DISEASE PATIENTS BY MAKING PHARMACY INTERVENTIONS

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Background and Importance Hospital admissions of Parkinson's disease (PD) patients can result in medication regimen disruptions causing adverse effects for PD patients. Evidence shows that interventions can reduce medication-errors and administration of contraindicated medicines in PD patients.

Aim and Objectives The study aim was to quantify the impact of a pharmacist's involvement in optimising medicines management of inpatient PD patients.

Material and Methods A 2-month 'baseline' audit was completed prior to intervention implementation and measured patient demographics, delay in first dose following admission, medication errors (missed/delayed doses), pharmacist medicines reviews and time until completion and patient outcome (prevalence of falls, delirium, rigidity). The outcome of patients who were 'nil by mouth' was also assessed. Three interventions were implemented over a 1-month period. These were priority pharmacist medicines reviews of PD patients, PD medication ward stock optimisation and doctor/nurse PD medicine management education sessions. A post-intervention audit identical to the 'baseline' audit was completed and both audits were compared.

Results The 'baseline' audit (mean age 81, 24 patients, 1,611 due doses) and the post-intervention audit (mean age 80, 30 patients, 1,840 due doses) were analysed. Medicine reviews increased from 79% to 97% ($p=0.042$) and these were completed 38.7 hours ($p<0.001$) sooner post-admission. A reduction in first dose delay was seen (13.5 vs 4.4 hours ($p<0.001$)), along with reductions in delayed (5% to 1% ($p=0.037$)) and missed doses (8% to 2% ($p<0.001$)). Omitted pre-admission PD medications reduced from 16% to 2% ($p=0.011$). Staff education contributed to recorded due times increasing from 44% to 97% ($p<0.001$). Contraindicated medicines were administered at reduced rates in the post-intervention audit. The length of admission was shorter due to the combination of interventions (19 vs 15 days ($p=0.475$)). These improvements resulted in a reduced prevalence of falls (25% to 17%), delirium episodes (29% to 7%) and rigidity (54% to 7%). Patients were more able to interact with allied health professionals in the post-intervention audit (46% vs 100%). Improvements in non-oral PD medicines prescribing occurred in 'nil by mouth' patients.

Conclusion and Relevance This study showed the introduction of the pharmacist-led interventions can improve PD inpatient outcomes, by reducing medication errors, decreasing the

administration of contraindicated medicines and preventing delays in the administration of PD drugs.

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5PSQ-004 COMPARISON BETWEEN BEERS 2019 CRITERIA AND THE EURO-FORTA 2018 LIST IN THE IDENTIFICATION OF POTENTIALLY INAPPROPRIATE MEDICATION IN ELDERLY PATIENTS IN THE PRIMARY HEALTHCARE CONTEXT

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Background and Importance Inappropriate prescription is a risk factor for adverse drug reactions and hospitalisations in the elderly. Concerns about its impact in this age group have led to the development of various strategies to address this issue, with a focus on tools for detecting potentially inappropriate medication (PIM), notably the Beers criteria and the EURO-FORTA list.

Aim and Objectives To compare the 2019 Beers criteria with the 2018 EURO-FORTA list and show their applicability on the primary healthcare context.

Material and Methods We conducted a cross-sectional observational study in a population of patients over 65 years old enrolled in a family health unit in Portugal. Classification of all drugs and active diagnoses in the family health unit according to the tools under analysis. Cross-referencing drugs identified as PIMs according to both instruments with the family health unit database, resulting in the identification of PIMs for each patient, considering their conditions.

Results Twenty-nine of the PIMs according to the Beers criteria are not PIMs according to the EURO-FORTA list; 54 of the PIMs according to the EURO-FORTA list are not PIMs according to the Beers criteria; 47 drugs recommended by the EURO-FORTA list are PIMs according to the Beers criteria. The study included 2,775 patients, 59.70% of whom were on polypharmacy. The prevalence of PIMs was 13.41% according to the Beers criteria and 35.78% according to the EURO-FORTA list, with a higher number of PIMs in women in both instruments. The most frequently prescribed PIMs were benzodiazepines for both tools, followed by antipsychotics and antidepressants.

Conclusion and Relevance The levels of polypharmacy and prescription of PIMs in the presence of certain diseases are considerable in the elderly, in the context of primary healthcare, with both tools being useful in the detection of PIMs. However, there are important differences in the drugs they include, which must be individually analysed from a pharmacotherapeutic point of view. Regarding the integration of these tools into a clinical decision support system, it is concluded that both instruments should be computerised together to take advantage of the benefits of each one and to address the shortcomings that both present.

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