

REFERENCES AND/OR ACKNOWLEDGEMENTS

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5PSQ-106 FALL-INCREASING RISK DRUGS (FRIDS) AND FALL-RELATED FRACTURES

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Background and Importance Falls are a major public health issue, often resulting from interacting risks, being fall-risk-increasing drugs (FRIDs) use one of the prominent risk factors. Falls carry a high risk of functional dependence, hospitalisation, institutionalisation and mortality. STOPP falls was built through a Delphi process of experts and resulted in a list of FRIDs.¹ Consensus was reached for anticholinergics, diuretics, alpha-blockers used as antihypertensives, opioids, antidepressants, antipsychotics, antiepileptics, benzodiazepines and benzodiazepine-related drugs, centrally-acting antihypertensives, alpha-blockers for prostate hyperplasia, antihistamines and vasodilators used in cardiac diseases and overactive bladder and urge incontinence.

Aim and Objectives Characterise FRIDs prescription profile in fall-caused admissions in an Orthopaedics service.

Material and Methods All patients aged 65 years or over, admitted to Orthopaedics service, with a diagnosis of fracture due to a fall between 1 January 2023 and 30 June 2023 were included. Sociodemographic data and medication history were obtained using electronic medical record.

Results The study included 154 patients, mostly women (78%). The average age was 83 years. The majority of the patients (49%) used to take 5–9 medications, 41% 0–4 medications and 10% more than 10 medications. Were found 222 FRIDs prescriptions, which corresponds to 1.44 FRIDs prescribed/patient. The most common FRIDs prescribed were antidepressants (25%), diuretics (21%) and benzodiazepines (21%).

Conclusion and Relevance Besides the number of FRIDs/patient is lower than in other studies (1.44vs2.6),^{2,3} the most common prescribed drug classes are much the same. Regarding age and gender, results are similar to the Spanish study. A limitation is that only data about FRIDs' number was assessed, regardless of the defined daily dosage of each drug. This later hypothesis could have delivered better understanding of whether drug dosage affects fall risk. It is important to promote FRIDs desprescription. Therefore, the upfront use and dissemination of desprescribing tools as STOPPfalls among healthcare professionals should be encouraged alongside with a multifactorial strategy to reduce falls.

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5PSQ-107 COMPLIANCE OF FLUOROQUINOLONES PRESCRIPTIONS: A HOSPITAL ACQUIRED RESISTANCE?

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Background and Importance In Europe, the annual death toll from antibiotic-resistant bacteria has risen from 25,000 to 35,000¹. In 2020, France reported a 16% resistance rate to fluoroquinolone (FQ) in hospital². FQ are no longer recommended as first-line treatment and are restricted to some urinary, pulmonary, intra-abdominal, soft tissue infections, and bacteraemia cases.

Aim and Objectives This study aims to assess the compliance of FQ prescriptions with guidelines provided by the local healthcare product safety commission, Summaries of Product Characteristics, and the French Society of Infectious Pathology (SPLIF).

Material and Methods The study (1 December 2022 -to 1 May 2023) was conducted across the following specialties: hepatogastroenterology, vascular medicine, home hospitalisation, neurology, ophthalmology, dermatology, haematology, and intensive care departments.

Using the DxCare[®] prescription software, ciprofloxacin, ofloxacin, levofloxacin, and moxifloxacin were analysed, focusing on the conformity of: indication, dosage, duration, documentation, the interval between two FQ, and pharmaceutical validation.

Results 197 prescriptions were extracted. 100% were validated. 41% (81) were compliant. Compliance rates were 85% (168) for indications and 94% (185) for dosage. 59% of prescriptions (117) were first line, 33% (65) second line, 5% (9) third line, and 2% (3) fourth line. 70% (137) adhered to the recommended treatment duration and 83% (164) respected the minimum 6-month interval between two FQ. 47% (92) of prescriptions were documented, 34% (67) were probabilistic, and 19% (39) were prophylaxis, of which 13 (30%) were compliant.

85% of strains were sensitive to FQ, with 16% sensitive at higher doses, and 3% exhibiting resistance.

Among the 59% non-compliant prescriptions (116), indications were principally: 5% male urinary tract (10), 6% skin and soft tissue (12), 9% (17) for both pulmonary and female urinary tract.

Conclusion and Relevance Considering the high rate of non-compliant prescriptions (59%), there is a need to review internal guidelines of the principal non-compliant infections, to be more intuitive. We could produce an informational note to physicians and pharmacists to emphasise the need to adhere to strict indications and to document infections, since less than half were documented. This was a 6-month study in select hospital departments, it could have been extended to the university hospital centre in 2022.

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