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ABSTRACT SET

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Oral presentations

Abstract number 459

Anticholinergic and sedative drug burden in elderly patients with cardiovascular diseases

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Background Exposure to anticholinergic and sedative drugs have been associated with adverse health outcomes in the elderly population, which can be measured in an individual patient using Drug Burden Index (DBI). Higher DBI values were associated with poorer cognitive and physical performance, which may negatively influence cardiovascular disease (CVD) therapy outcomes.
Purpose The aim was to assess the anticholinergic and sedative drug prevalence and burden in CVD patients.
Method A retrospective observational study was conducted on the Cardiology ward of University Hospital Medical Center. Data were collected from medical records. DBI was used to calculate the exposure, based on the therapy used before the hospital admission. Descriptive and statistical analysis was performed using IBM SPSS® Statistics ver. 22.
Findings A total of 254 patients aged ≥65 were included in the analysis. Patients were comorbid (Charlson Comorbidity Index, mean ± S.D., 3.18 ± 1.63), with the average number of drugs above 6 (6.21 ± 2.78). Anticholinergic or sedative drugs were used by 23 (9.1%) patients, with identified 19 different drugs. The highest frequency was observed for doxazosin (6; 2.4%), sertraline (6; 2.4%), memantine (4; 1.6%), clonazepam (3; 1.2%) and diazepam (3; 1.2%). The majority of patients had only one drug (15; 5.9%), 2 patients (0.8%) used 2, 4 patients (1.6%) used 3, and 2 patients (0.8%) used 4 different drugs with anticholinergic or sedative effects. Patients who were exposed to those drugs had longer length of hospital stay (15.74 vs 9.41 days, $p<0.05$), and higher total number of drugs (7.61 vs 6.07, $p<0.05$). The average DBI value equalled 1.11 ± 0.74 (total range 0.33-2.60). DBI <1 was present in 13 (5.1%) patients, and higher DBI≥1 in 10 (4%) patients.
Conclusion The study revealed lower than expected exposure to anticholinergic or sedative drugs. The results could be seen as beneficial, as the minimization of anticholinergic burden in CVD patients is highly recommended.

Abstract number 412

Fall prevention and deprescribing of fall risk-increasing drugs: the community pharmacists' perspective

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Background Pharmacists' may contribute to fall prevention by identifying and adjusting the use of fall risk-increasing drugs (FRIDs) in patients with high fall risk. At the moment, pharmacists' contribution to fall prevention is poor. Presumably, pharmacists encounter several barriers during the implementation of such services.
Purpose To explore community pharmacists' barriers and facilitators regarding provision of fall prevention care, specifically towards deprescribing of FRIDs.
Method A mixed-method study was conducted, consisting of quantitative (ranking statements, survey) and qualitative data (semi-structured interviews) with Dutch pharmacists. Quantitative data were analysed using descriptive statistics. All interviews were audiotaped and transcribed verbatim. The capability opportunity motivation – behaviour (COM-B) system was applied to interpret the findings.
Findings In total, 313 Dutch pharmacists ranked statements during an interactive presentation, 205 of them completed a survey and 16 were interviewed. Pharmacists were motivated and confident about their potential in fall prevention care. Their capability to provide fall prevention care included mainly the deprescribing of FRIDs. However, their self-reported current contribution was poor. Major barriers with regard to opportunity were identified, including insufficient multidisciplinary collaboration and patient unwillingness to deprescribe FRIDs.
Conclusion Community pharmacists are motivated to provide fall prevention services, particularly deprescribing of FRIDs. They

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