Posters

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156 | **POTENTIALLY INAPPROPRIATE CARDIOVASCULAR MEDICATIONS IN CZECH OLDER ADULTS IN ACUTE CARE: INOMED AND EUROAGEISM H2020 PROJECT**

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Introduction: Cardiovascular disorders (CVS) belong to the most frequent causes of deaths and cardiovascular medications among the most common drugs. Older patients are vulnerable to drug risks due to presence of pharmacological changes, polymorbidity, polypharmacy and geriatric syndromes. Thus, the effort to reduce prescribing of potentially inappropriate medications (PIMs) represents a substantial prevention strategy in this population.

Methods: This was a prospective, cross-sectional study conducted in 288 patients (65+) admitted to acute care geriatric wards in the Czech Republic from Aug 2018 to Jan 2019. We aimed to investigate prevalence of CVS PIMs using relevant parts of STOPP/START 2015 criteria, the EU(7) PIM 2015 list and the Beers criteria 2019. Only patients with stable health conditions were included in our study. Results: Overall prevalence of CVS PIMs was 77.6%. Undertreatment of CVS problems, identified by START criteria, was found in 63.2% patients. Prevalence of CVS PIMs according to different criteria was 16.1%, 23.6% and 30.9%, using the Beers criteria 2012, STOPP criteria and the EU (7)-PIM list; respectively. The most prevalent problem of undertreatment was the absence of statins with documented history of coronary, cerebral and peripheral vascular disease (excluding patients at the end-of-life or at the age of >85 years) (27.3%). According to the EU (7)-PIM list, the most common CVS PIMs were the use of amiodarone in maintenance doses of >200 mg/48 hours and use of spironolactone in doses of >25 mg/day (9.0% and 5.6%; respectively).

Conclusions: This study confirmed high prevalence of CVS PIMs in older adults admitted to acute care hospitals in the Czech Republic. Detecting and identifying CVS PIMs is of high importance in order to prevent serious adverse drug events, higher mortality and increased frailty in vulnerable older population. Grant support: InoMed project (reg. No: CZ.02.1.01/0.0/0.0/18_069/0010046, 2019–2022), H2020-MCSF-ITN-764632, PROGRESS Q42 FoP, Charles University, SVV 260417.