[95% CI −33.9, −11.4] among those without such symptoms. This reduction was ameliorated but still significant in the multivariable analysis (8-estimate −18.2 min/day [95% CI −28.9, −7.6]).

**Conclusion:** Our results suggest a differential association of anti-depressants with PA in subjects with/without depressive symptoms. Antidepressants use was clearly associated with a reduction of PA among participants without symptoms.

**P-768**

**No impact of pharmaceutical intervention evaluated using the STOPP/START criteria: a case-control study**

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**Introduction:** Studies show that one in three admissions of patients over 75 years old are related to adverse drug events (ADEs) connected with inappropriate medications. Pharmaceutical intervention (PI) is introduced in many hospitals to face this problem. STOPP/START (StpStr) criteria is a screening tool for medical prescriptions for older people (STOPP) and alerting to the right treatment (START). Studies show that the tool is effective in identifying potentially inappropriate medication (PIMs) and avoiding ADEs. PI has been shown to improve appropriateness of prescriptions to elderly. Few previous studies have evaluated PI using StpStr criteria.

**Objectives:** To use StpStr to compare the appropriateness of medication of elderly patients receiving PI to those that did not, on discharge from a medical ward. METHODS: A two-month retrospective case-control study including all patients 65 years or older admitted and discharged from our internal medical ward in a regional hospital in Denmark. At discharge, a geriatrician resident evaluated the patients’ prescription using the criteria.

**Results:** Of the 213 patient included, 74 received PI and 139 did not. No inappropriate medications were seen in 7 (9.5%) patients from the case-group and 15 (10.8%) from the control-group. One or more inappropriate medication were seen in 67 (90.4%) patients from the case-group and 124 (89.2%) from the control group. No difference in medication quality were found between the groups, RR 0.82 (95% CI 0.35, 1.94).

**Conclusion:** This study showed that PI has no impact on medication quality evaluated by the StpStr criteria. Due to the complexity of the issue and the small size of the study we suggest further larger scale studies.

**P-769**

**Description of a reality. Proton-pump inhibitor in elderly hospitalized**

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**Objectives:** 1. Describe the characteristics of elderly patients taking proton pump inhibitor (PPI) admitted in a Geriatric Unit. 2. Evaluate the type of IBP most used and the most frequent causes of this treatment indication. 3. Analyze the adequacy PPI treatment. **Methodology:** Patients admitted from June to November 2014. Descriptive, prospective study. Variables: sociodemographic, personal history (AP), functional assessment (I. Barthel–IB), cognitive assessment (SPMSQ), comorbidity (Charlson index), biochemical parameters. SPSS. Treatment criteria according to data sheet indication IBP and according to the recommendations of the Clinical Practice Guideline job IBP (Health 2011). **Results:** 318 revenue. IBP treatment: 58.80% (187 patients). Of these, 74.3% women. Average age: 86.4. SPMSQ: 6.02. IB median income and high 20. 40. AP: 84% cardiovascular, neurologial 65.2%, 40.1% nefrourologico, respiratory and sensory 31.6%, anemia 70.1%, 52.4% hypoaaluminemia. I. Charlson income 3 and the high 7 (median). Exitus 13.4%. IBP: 75.4% Omeprazole, pantoprazole and lansoprazole 7.5%. 5.9% esomeprazole, rabeprazole 1.6%. Meets 70% adequate indication. Note: Antiplatelet 71%, 21.4% oral anticoagulant classic, UGD: 10.7% NSAIDs gastropathy: 9.2% Corticosteroid: 6.9%. The rest of the sample that does not take PPI treatment, meets indication: 49.6%.

**Conclusion:** These preliminary results show that more than half of our patients consume omeprazole, with a high percentage of suitable indication according to the criteria considered in the study. Antiplatelet making the most frequent prescription of PPI reason. Indeed, we believe corresponds to the reality of our patients, with significant cardiovascular morbidity and risk of gastro-events.

**P-770**

**Is depression a predictive factor for polypharmacy in elderly?**

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**Objectives:** This study was sought to investigate polypharmacy rates and drug use characteristics in elderly patients in our country. **Methods:** In a retrospective design, we reviewed hospital records of 1,205 patients (≥65 years) who applied to our geriatric outpatient clinic. Demographic characteristics, polypharmacy, drugs used at presentation and final evaluation, and comorbid conditions were recorded. The use of five or more drugs was considered to be polypharmacy. Binary logistic regression analysis was performed.

**Results:** The average age was 75.2 ± 6.9. The number of comorbidities was 2.46 ± 1.3. The number of drugs used at first application and final evaluation was 3.8 ± 2.7 and 4.3 ± 2.8 (p < 0.001), polypharmacy rates of 40% and 45% (p < 0.001). The number of drugs used in the final evaluation of patients ranged from 0 to 17. The rates of patients using one drug, two drugs; three drugs and four drugs were 6.3%, 10.5%, 12.8% and 15.4%, respectively. The most common five comorbidities were hypertension (67%), diabetes mellitus (27%), osteoporosis (27%), hyperlipidemia (25%) and depression (20%). Depression was an independent predictive factor for polypharmacy than other comorbid diseases in the regression analysis (OR: 4.5; 95% CI: 3.2–6.5; p < 0.001). The rates of drugs acting on the central nervous system (sedative-hypnotics, antidepressants and antipsychotics), anticholinergics, and diuretic drugs were significantly higher (p < 0.001) in polypharmacy group than non-polypharmacy group.

**Conclusions:** Although patients were examined in detail in terms of polypharmacy, it was found to be as high as 45%. Before starting an additional medication in elderly patients, particularly with depression, the indication should be clearly specified, and several aspects should be taken into consideration, including functional capacity of the patient, the drugs already used and possible interactions of the new drug.

**P-771**

**Hypoalbuminemia in older patients drug therapy – should we be worried?**

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**Introduction:** Hypoalbuminemia is frequently seen in the elderly due to malabsorption and malnutrition and its consequences in pharmacodynamics and pharmacokinetics are known. However, it is rarely approached by the clinician regarding the implications it might have in drug prescription and side effects. **Aim:** analysis of prescription of acidic drugs that readily bind to albumin. **Methods:** Retrospective study of a cohort of 100 patients ≥75 years admitted in an Internal Medicine ward. Comprehensive geriatric assessment at admission. Assessment of chronic medication and