

039 **INPATIENT MANAGEMENT OF PARKINSON'S DISEASE MEDICATION IN NON-ELECTIVE ADMISSIONS—ARE WE DELIVERING MEDICATIONS ON TIME?**

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Aim For patients with Parkinson's Disease (PD), adherence to the patient's usual PD medication schedule is paramount for symptom control and prevention of complications. The 'Get It On Time' campaign, initiated by Parkinson's UK, aims to raise awareness of the importance of this issue. To address aspects of the inpatient management of PD, including the whether medication is given in a timely fashion, West Suffolk Hospital (WSH) established a PD medicines management group consisting of neurology and elderly medicine consultants, PD specialist nurse, pharmacists, and junior doctor representatives.

Methods 40 non-elective admissions (March–Oct 2013) of patients with a diagnosis of PD, were retrospectively selected. We used medication review by pharmacists, and recent neurology clinics letters or discharge summaries to determine the medication regimen on admission; total number of doses received by patients was recorded, and the percentage of missed doses calculated. Where the exact timing of usual medication administration was available, the percentage of delayed doses was also calculated. To further establish the challenges in managing inpatient PD medication, a questionnaire was distributed amongst 15 junior FY1 doctors.

Results 40 PD patients (age range 52–91), missed 97 out of 2165 total doses of PD medications during their inpatient stay. Worryingly, 67 (70%) of these missed doses were accounted for by only three patients. 40% of case notes /drug charts recorded the exact timing as to when medication should be given to patients; using the drug charts we recorded how many doses were administered on time-of these 15.3% of dispensed medications were delayed (by 0.5 to 2 hours). In our survey, junior doctors were asked to choose, who amongst healthcare professionals holds the responsibility of the timely delivery of PD medications; 7 of the 15 doctors felt it was the responsibility of doctors, and only 6 out of 15 felt the responsibility lies with everyone. The survey further illustrated that 60% of junior doctors did not feel confident converting oral PD medication to alternative regimes for patients with swallowing difficulties, and only 33% felt somewhat confident in adjusting medication doses.

Conclusion Missing or having only very occasional doses administered late is unlikely to cause serious harm, however a few patients miss a disproportionate number of doses, putting them at an increased risk of severe morbidity and mortality from dopaminergic withdrawal, and efforts must be directed towards understanding why this occurs in these few cases. To date, the Parkinson's disease management group has simplified the Fife guidelines for conversion of oral doses of PD medications to alternative preparations, delivered lectures to clinicians outlining the importance of delivering PD medication on time, and allocated a full time geriatrics consultant with specialist interest in PD, to help address present challenges.