since these reforms, including if there are any unintended consequences such as switching between classes of psychotropics.

Objectives: To compare the prevalence of psychotropic medication use (antipsychotics, antidepressants, antiepileptics, medications for sleep disorders/anxiolytics) in RAC in 2018 with 2022.

Methods: We conducted a repeated cross-sectional analysis of psychotropic medication use by residents in RAC facilities which all used the same electronic medication system. Medication administration data were extracted. Residents were eligible for inclusion if they were administered one or more medications and had a cumulative stay > 100 days. The annual prevalence of use of four psychotropic medication classes was calculated and a two-sample test of proportions was applied to estimate the difference in proportions between 2018 and 2022 with their 95% confidence interval (CIs).

Results: In total, there were 428 RAC facilities with 52,201 residents. The prevalence of antipsychotic use decreased significantly from 28.8% in 2018–20.2% in 2022 (−8.61%; 95% CI: −7.59% to −9.60%). Similar reductions were also seen in the use of medications for sleep disorders/anxiolytics from 34.3% to 26.8% (−7.5%; 95% CI: −8.60 to −6.40) and anticonvulsants from 24.8% to 20.3% (−4.50; 95% CI: −5.50% to −3.50%). However, there was a small increase in antidepressant use from 46.7% to 48.2% (1.5%; 95% CI: 0.39% to 2.70%). Overall, the use of the four classes of psychotropics decreased from 74.3% to 69.1% (−5.20%; 95% CI: −6.30% to −4.20%).

Conclusions: When comparing psychotropic medication use before and after major aged care reforms, there were significant reductions in use of antipsychotics and medications for sleep/anxiolytics. While there were also changes in the use of other psychotropic classes, these are unlikely to be clinically meaningful. Monitoring of program outcomes is important to ensure there are no unintended consequences, such as switching to classes of psychotropics other than antipsychotics.

[348] | Trends in Use of Antipsychotics in Germany 2014–2023: A Nationwide Population-Based Study

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Background: Use of antipsychotics (AP) among children and adolescents in Germany has continued to increase over the last decade. Contemporary data of the use of AP across all age groups are lacking, however.

Objectives: We aimed to provide an update on trends in AP use across all age groups in Germany between 2014 and 2023.

Methods: We analysed anonymised claims data from the German Institute for Drug Use Evaluation, containing information on dispensed AP in an outpatient care setting of approximately 87% of the German population. We selected the ATC code N05A (antipsychotics) except lithium (N05AN01), analysed the quantity of packages dispensed in community pharmacies as packages per 1000 statutory health-insured persons per year (PIY) and stratified by age group and type of AP medication (typical vs. atypical).

Results: The overarching AP use increased from 2014 to 2023 +9% (156.5–170.2 PIY). While the typical AP use fell −12% (70.9–62.3 PIY), the atypical (second-generation) AP use rose +26% (85.6–107.9 PIY). The time trend of AP use from 2014–2023 in different age groups exhibited differences. The largest increase in AP use were in the age groups "15–29 years old" (from 53.1 to 67.4 PIY, +27%) and "60–74 years old "(from 174.6–212.9 PIY, + 22 %). Trend analysis for AP by active ingredients with highest use in 2023 showed that quetiapine use increased +53% (28.2–43.2 PIY), risperidone use increased +13% (24.2–27.3 PIY), but melperone use decreased -5% (22.3–21.32 PIY). An analysis of the age groups for the year 2023 showed that AP use rise gradually with age, and particularly strongly from the age of 80: 75–79 years: 271.4 PIY, 80–84 years: 407.1 PIY, 85–89 years: 641.8 PIY, ≥ 90 years: 1065.1 PIY. Up to the age of 84, atypical AP were used more frequently than typical; from the age of 85, typical AP were used more frequently.

Conclusions: The analyses show three important issues that require further study: • The overall increasing AP use in Germany • The increasing AP use in the younger adults group (15–29 years) • The high AP use in patients > 80 years

[349] | Cardiovascular Medicine Use in Adults with ADHD: A Nationwide Study in Australia

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Background: Attention-deficit/hyperactivity disorder (ADHD) may be associated with up to a two-fold increase in cardiovascular disease (CVD) incidence in adulthood. However, cardiovascular medicine use to prevent and manage CVDs among adults with ADHD is understudied.

Objectives: This cross-sectional study aimed to compare patterns of real-world cardiovascular medicine use between Australian adults with and without ADHD, by estimating the prevalence of cardiovascular medicine use in both groups and quantifying the difference through prevalence ratios (PRs), overall and by sex, age and medicine type.

Methods: Using a nationally representative dispensings sample from the Pharmaceutical Benefits Scheme, we identified 14,753 adults with ADHD, defined as ≥ 2 dispensings of ADHD medicines from 2012 to 2020 (18–29 [41.5%], 30–49 [43.0%], 50–64 [12.5%], ≥ 65 [3.0%] years). We randomly selected 59,012 age- and sex-matched adults without ADHD. We estimated the prevalence of cardiovascular medicine use (2021) among adults with and without ADHD by sex and age group and by medicine type. To examine the association of ADHD with cardiovascular medicine use, we calculated PRs with 95% confidence intervals (CIs) adjusting for age and sex, using Poisson regression. We conducted a post hoc analysis excluding propranolol, due to common off-label use.

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