

reported type of elder abuse detected was neglect followed by physical abuse. Female gender was the most consistent factor associated with elder abuse. Cognitive impairment, behavioral problems and psychiatric disorder of the patient or the caregiver were also associated with physical abuse and neglect as well as more frequent ED consultations. Several screening tools have been proposed, but ED-based validation is lacking. Literature on prehospital- or ED-initiated prevention and interventions was scarce without any controlled trial. Health care providers were poorly trained to detect and care for older adults who are suspected of being a victim of elder abuse.

**Conclusion:** Elder abuse in the ED is an understudied topic. It remains underrecognized and underreported with ED prevalence rates lower than those in community-dwelling older adults. Health care providers reported lacking appropriate training and knowledge with regards to elder abuse. Dedicated ED studies are required.

**Keywords:** elder abuse, geriatric, neglect

### MP35

#### Acceptability of older patients' self-assessment in the emergency department (ACCEPTED) – a randomized cross-over trial

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**Introduction:** It is recommended that seniors consulting to the Emergency Department (ED) undergo a comprehensive geriatric screening, which is difficult for most EDs. Patient self-assessment using electronic tablet could be an interesting solution to this issue. However, the acceptability of self-assessment by older ED patients remains unknown. Assessing acceptability is a fundamental step in evaluating new interventions. The main objective of this project is to compare the acceptability of older patient self-assessment in the ED to that of a standard assessment made by a professional, according to seniors and their caregivers. **Methods:** This randomized crossover design cohort study took place between May and July 2018. **Participants:** 1) Patients aged  $\geq 65$  years consulting to the ED, 2) their caregiver, when present. **Measurements:** Patients performed self-assessment of their frailty, cognitive and functional status using an electronic tablet. Acceptability was measured using the Treatment Acceptability and Preferences (TAP) questionnaires. **Analyses:** Descriptive analyses were performed for sociodemographic variables. Scores were adjusted for confounding variables using multivariate linear regression. Thematic content analysis was performed by two independent analysts for qualitative data collected in the TAP's open-ended question. **Results:** A total of 67 patients were included in this study. Mean age was  $75.5 \pm 8.0$  and 55.2% of participants were women. Adjusted mean TAP scores for RA evaluation and patient self-assessment were 2.36 and 2.20, respectively. We found no difference between the two types of evaluations ( $p = 0.0831$ ). When patients are stratified by age groups, patients aged 85 and over ( $n = 11$ ) showed a difference between the TAPs scores, 2.27 for RA evaluation and 1.72 for patient self-assessment ( $p = 0.0053$ ). Our qualitative data shows that this might be attributed to the use of technology, rather than to the self-assessment itself. Data from 9 caregivers showed a 2.42 mean TAP score for RA evaluation and 2.44 for self-assessment. However, this relatively small sample size prevented us to perform statistical tests. **Conclusion:** Our results show that older patients find self-assessment in the ED using an electronic tablet just as acceptable as a standard evaluation by a professional.

**Keywords:** acceptability, older patients, self-assessment

### MP36

#### Short-term side effects associated with opioids for acute pain

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**Introduction:** Opioid side effects are common when treating chronic pain. However, the rate of opioid side effects for acute pain has rarely been examined, particularly in the post emergency department (ED) setting. The objective of this study was to evaluate the short-term incidence of opioid induced side effects (constipation, nausea/vomiting, dizziness, and drowsiness) in patients discharged from the ED with an opioid prescription. **Methods:** This was a prospective cohort study of patients aged  $\geq 18$  years that visited the ED for an acute pain condition ( $\leq 2$  weeks) and were discharged with an opioid prescription. Patients completed a 14-day diary assessing daily pain medication use and side effects. **Results:** Mean age of the 386 patients included was  $55 \pm 16$  years; 50% were women. During the 2-week follow-up, 80% of patients consumed at least one dose of opioids. Among the patients who used opioids, 38% (95%CI: 33-48) reported constipation, 27% (95%CI:22-32) nausea/vomiting, 30% (95%CI:25-35) dizziness, 51% (95%CI:45-57) drowsiness, and 77% (95%CI:72-82) reported any side effects. Adjusting for age, sex, and pain condition, patients who used opioids were more likely to report any side effect (OR 7.5, 95%CI:4.3-13.3) and constipation (OR 7.5, 95%CI:3.1-17.9). A significant dose response effect was observed for constipation but not for the other side effects. Nausea/vomiting (OR 2.0, 95%CI:1.1-3.6) and dizziness (OR 1.9, 95%CI:1.1-3.4) were associated with oxycodone compared to morphine. **Conclusion:** Similar to chronic pain, opioid side effects are highly prevalent during short-term treatment for acute pain. Physicians should be aware and inform patients about those side effects.

**Keywords:** adverse events, opioid

### MP37

#### Adherence to Canadian Cardiovascular Society guidelines for prescribing oral anticoagulants to patients with atrial fibrillation in the emergency department

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**Introduction:** Atrial fibrillation (AF) is the most common arrhythmia treated in the emergency department (ED) and is associated with an increased risk of ischemic stroke. Studies have shown that only oral anticoagulant (OAC) therapy reduces risk of AF related stroke. Our objective was to measure the prescribing practices for OACs for new onset AF at a tertiary ED and two surrounding community EDs, and identify rates of adverse effects within 90 days. The findings of this study will provide quality assurance information for the management of patients with new onset AF. This information has the potential to promote adherence to prescribing guidelines for AF in the ED and the reduction of common adverse events such as ischemic stroke. **Methods:** We conducted a retrospective chart review of 385 patients with new onset AF who presented to the ED between November 2014 to March 2018. We defined new onset as symptoms  $< 48$  hours and had AF confirmed with electrocardiogram. We recorded the selected therapy choice of cardioversion and/or rate control, gender, age, and assessed CHADS-65 score. We recorded who was prescribed