**Medication data collection in Frailty Intervention Through Specific Therapies (FITTEST) trial participants**

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**Introduction.** Ensuring the validity of remotely collected medication data from clinical trial participants’ is essential for accurately translating research findings into clinical practice, particularly among older people with polypharmacy.

**Aims**. To assess feasibility and validity of a structured approach for remotely collecting medication data in older people.

**Methods**. Informed by literature and investigators’ expertise, a data collection tool was developed using Microsoft Excel, to facilitate remote medication data collection for participants in the FITTEST trial. All participants engaged in structured telephone interviews with a clinical pharmacist. A subset also participated in follow-up video calls to validate the initial self-reported medication list against the ‘brown bag’ method for clinical trials. Data collected included medication name, dose, frequency, indication, interview duration, data completeness, call completion rate and number of call attempts per participant. Medication regimen complexity index (MRCI), frailty status, medication adherence (using Morisky Green Levine Scale (MGLS-4)) and Drug Burden Index (DBI) were calculated for participants.

**Results.** Preliminary findings focused on feasibility measures. Medication data from the first twelve FITTEST trial participants were included in this pilot. Mean participant age was 77 years, 67% (n=8) were female and 83% (n=10) were mildly frail (FI <0.2). Feasibility: 86% of scheduled calls were completed; 92% of participants were reached on the first call attempt; mean interview duration was 33mins. All medication data fields were completed during calls, except for certain generic and brand names (due to confusion between generic versus brand names) and strengths of certain over-the-counter medications. Medication measures: 83% (n=10) of participants were on ³5 regular medications; 42% (n=5) had a DBI>0; MRCI scores ranged from 5 to 43.5; Majority (n=8, 67%) scored 1-2 on the MGLS-4 suggesting moderate levels of medication adherence. Remaining participants (n=4, 33%) scored 0 (high adherence) on the MGLS-4.

**Discussion.** Preliminary findings suggest a structured phone interview is feasible to remotely collect data and calculate medication-related metrics in older people. Analysis of the methodological validity against the gold standard for medication data collection in clinical trials, clinician-observed ‘brown bag’ is ongoing and will be reported in future work.