

unit. For each patient, we detected potentially inappropriate medication (overuse, misuse and underuse) depending on the chronic conditions and suggested drug modifications to the general practitioner (GP). Three months after discharge, we phoned the GPs to find out if the pharmaceutical interventions had been accepted or not, and if patients had fallen again.

Results 96 patients (65% of women; median age 85 years) were admitted for falls due to medicines. 86% of the patients were living at home. Medicines involved with the risk of falling were essentially diuretics, benzodiazepines, calcium inhibitors, antiarrhythmics, sartans, anticholinesterases. The modifications usually suggested related to diuretics, benzodiazepines, anticholinergics, vitamin-calcium supplements, osteoporosis treatment and the use of stockings. Among patients called three months later, 75% of the suggestions were still respected, but 29% of the patients had fallen again. There was no difference in the number of falls for patients for whom the modifications had been respected and those for whom they had not been.

Conclusions This study suggested that falls were more frequent among patients living at home; work needs to be done to secure elderly people's houses. The importance of inappropriate prescriptions on fall events was also underlined. Falls occurred because of multifactorial mechanisms: inappropriate home fittings, sarcopenia, neurodegenerative diseases and inappropriate medicines. One way of reducing the risk of falling in elderly people is to improve the medication.

No conflict of interest.

CPC-069 IMPLEMENTATION OF A CLINICAL PHARMACY AND MEDICINES DISPENSING SERVICE IN A CHEMOTHERAPY DAY TREATMENT UNIT

doi:10.1136/ejhp-2013-000276.526

N Stoner, B Vadher, J Floyd, E Sparkes, C Henriquez. *Oxford University Hospitals NHS Trust, Pharmacy, Oxford, UK*

Background Cancer patients at the Oxford University Hospitals NHS Trust receive the majority of their chemotherapy treatments as daycase patients. The clinical pharmacy service provision to patients receiving chemotherapy did not move with the patients from the inpatient to the daycase setting. The lack of clinical pharmacy provision to the day treatment unit (DTU) resulted in medicines wastage and an increase in nursing time to educate patients on their medication.

Purpose The pharmacy service to the DTU was reconfigured to provide a clinical pharmacy and medicines management service, and to dispense medicines as pre-packs at the patients' bedside.

Materials and Methods One pharmacist and half of a technician were funded from cost savings to implement the new service. Medication record cards were developed for each supportive regimen as a counselling aid to patients. A patient satisfaction survey was undertaken prior to initiating the new service, and two months after initiation. Drug expenditure and medicine wastage savings were recorded prior to and two months after implementation of the service. A satellite pharmacy was set up to dispense medicines next to the DTU. A trolley was used to dispense pre-packs at the bedside. Data was collected prior to and two months after initiation of the new service to assess patient satisfaction, impact on nursing time, medicines wastage and savings.

Results It was anticipated that approximately £25,000 [€31,000] per month would be saved on medicines wastage. Patients were very satisfied with the new service. The service resulted in a reduction in nursing time of 37.5 hours/week. The results of the service impact after two months will be presented.

Conclusions The DTU pharmacy service ensures medicines optimisation, reduces medicines expenditure, and improves the quality of patient care. Patients receiving chemotherapy as inpatients

always benefited from a clinical pharmacy service, so it is appropriate to provide this service in the day case setting.

No conflict of interest.

CPC-070 IMPORTANCE OF RESIDUAL INVESTIGATIONAL MEDICINAL PRODUCT COUNT

doi:10.1136/ejhp-2013-000276.527

N Gastaut, M Naud, C Breuker, E Ripolles, N Terrail, A Castet-Nicolas, S Hansel-Esteller. *CHRU de Montpellier, Pharmacy, Montpellier, France*

Background Good Clinical Practice specifies the role of the pharmacist in clinical trials. For each prescription dispensed for a named patient, the pharmacist is responsible for educating the patient on the treatment, counting any residual Investigational Medicinal Product (IMP), and thus for evaluating the compliance.

Purpose To assess the importance of pharmaceutical vigilance about IMPs.

Materials and Methods This prospective study took three months. For each named-patient prescription dispensed, a count of returned treatment (RT) by the patient from the previously dispensed medicines was performed to assess compliance.

Results 117 RTs were analysed. 43 additional RTs from 1 clinical trial were not included in this study due to the impossibility of evaluating compliance (posology changes not notified to the pharmacy and unsuitable secondary packaging). The non-conformity rate was 20% (23 RT). 39% (n = 9) of the non-conformities (NC) were due to allowing empty boxes not to be returned. In 61% (n = 14) of NC there was a discrepancy between the expected count of returned IMPs and the one actually made, showing poor compliance.

Average counting time was 12 minutes (5–30 min).

An exact count of returned IMP was operated during dispensing for 34% of returns and after dispensing for 66%. In all cases, a global analysis was performed before the prescription was dispensed.

Conclusions This study points out the major role of the pharmacist in the education of the patient enrolled in clinical trials, about the return of all experimental medicines and the therapeutic schedule. It appeared very important to evaluate compliance while the pharmacist was dispensing the next prescription, independently of the time consumed, in order to correct possible errors in taking the medicines at that time.

No conflict of interest.

CPC-071 INCIDENCE AND CAUSES OF CAPECITABINE DOSE ADJUSTMENT IN COLON CANCER PATIENTS

doi:10.1136/ejhp-2013-000276.528

C Gonzalez-Perez, E Márquez Fernández, B Ruiz Pérez, B Solano Hernández, JM Fernández Ovies. *Hospital Virgen de la Victoria Málaga, Hospital Pharmacy, Málaga, Spain*

Background Capecitabine is indicated in colon cancer alone or in combination. Recommended posology is calculated with reference to the body surface area (BSA) and pharmacotherapeutic regimen, although adjustments can be made if drug-related toxicity occurs.

Purpose To describe the incidence of capecitabine dose adjustment in colon cancer patients (CCPs). To analyse the reasons for this adjustment.

Materials and Methods Retrospective observational study of 49 CCPs treated with capecitabine with at least 3 cycles of 14 days from June 2011 to February 2012. Data were collected from the dispensary and medical history. The severity of the toxicity was classified according to the CTCAEv.4.

Results Forty-nine patients were enrolled: 25 male, average age of 61 (34–82), average BSA of 1.75 m². Most of them presented ECOG0 (26 patients) at the beginning of the treatment, followed by ECOG1