biological agent, dose and adherence were examined. To calculate the adherence we used a record of prescriptions dispensed over a period of six months. We used the formula: % adherence = no. of units dispensed/no. of units theoretically needed ×100.

Results The sample included 62 patients, 45 males and 17 females with mean age of 50 years (range 12–81). 53.2% were using etanercept, 43.6% adalimumab and 3.2% infliximab. The adherence was high in the infliximab group (94%) and very similar in the other groups (etanercept 83.7%, adalimumab 87.4%). In the adalimumab cohort 11% had a reduced dose, in the etanercept group 9% had a reduced and 30% an increased dose. In all these groups the calculated adherence was quite similar.

Conclusions As described in the literature, adherence to biologicals was significantly higher compared with the adherence observed with other treatments for psoriasis. Infliximab had the highest rate, maybe because it is administered in hospital. There was no difference between adalimumab and etanercept. It is known that there is progressive loss of patient adherence to treatment, for this reason is important to focus the attention on this concept.

No conflict of interest.

OHP-035 EVALUATING SINGLE-INCISION SLINGS IN FEMALE STRESS URINARY INCONTINENCE: THE USEFULNESS OF THE CONSORT STATEMENT CRITERIA

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Background Unlike drugs, medical devices (MDs) are not submitted for health authority marketing authorization based on in-depth clinical evaluation: critical review on an evidence-based medicine approach is essential for practitioners. The Consolidated Standards of Reporting Trials (CONSORT) statement is an international consensus expert guideline aimed at improving the reporting quality of clinical trials reports.

Purpose To evaluate the usefulness and applicability of the CONSORT for journal articles reporting randomised controlled trials (RCTs) evaluating an implantable MD.

Materials and Methods Original articles published before 2012 reporting RCTs assessing single-incision slings (SISs) in the treatment of female stress urinary incontinence were searched for in PubMed and Embase databases. Reporting quality was assessed by two hospital pharmacists and two urological surgeons according to three CONSORT checklists: abstract (17 items), standard (37 items) and extension for non-pharmacological trials (20 items); the results were discussed to reach a consensus.

Results Among 135 articles retrieved, eight articles met the inclusion criteria and were assessed. Abstract scores ranged from 4.7 to 14.1 out of 20. Standard scores were greater than 10.0 out of 20 for most articles; the extension scores did not exceed 5.0 out of 10. Half the reported trials were not identified as randomised in the title. Three articles did not mention any confidence interval or standard deviation for outcomes. The interventions were incompletely described; only four articles reported the configuration of the devices. Four articles reported whether blinding was achieved but lack of blinding was never discussed as a potential source of bias. Few articles reported the operators and centres' characteristics and their impact on statistical analysis.

Conclusions The reporting quality of SISs RCTs should be improved because readers require complete, clear and transparent information to assess the relevance and applicability of results. Our study supports further use of the CONSORT criteria to enhance and assess the reporting quality of surgical trials.

No conflict of interest.

OHP-036 EVALUATION OF ANTIBIOTIC APPRIOPRIATENESS AND USE IN IMOLA HOSPITAL

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Background Misuse of antibiotics in hospitals may cause bacterial resistance as well as increased costs and unnecessary exposure of patients to drugs.

Purpose To evaluate antimicrobial consumption and appropriateness through a new antibacterial stewardship policy.

Materials and Methods The study was carried out in Imola Hospital (Bologna) and 2009–2011 drug consumption data were obtained from the pharmacy service. Data were analysed by clinical area and single wards and were expressed by ATC classification and defined daily doses per 100 bed-days (DDD). A form for personalised antibacterial treatment (ATf), including diagnosis and documented reasons for the choice of antibiotic, was introduced for levofloxacin, teicoplanin, meropenem, linezolid, tigecycline and daptomycin.

Results In 2011, overall antibacterial consumption was 78 DDD (+4% vs. 2010); the major increase was observed in medical units (MED: +9%) and paediatric/gynaecological units (+6%). Intensive care units/emergency department (ICUs/EDs) and surgical units (SUR) exhibited a decrease in consumption (–13%, −7%, respectively). The use of critical antimicrobial agents decreased: fluoroquinolones (19 DDD, –15%), carbapenems (3.5 DDD, −18%) and glycopeptides (3.1 DDD, –17%). The introduction of ATfs (May 2011) contributed to a decrease in the consumption of antibiotics (e.g. MED: 75 DDD semester I vs. 71 DDD semester II 2011; overall 2011: 73 DDD). The analysis of ATfs shows that critical antibacterial agents were mainly prescribed to treat respiratory tract infections (MED: 58%, ICU/ED: 44%, SUR 30%), urinary tract (MED e ICU/ED: 20%), skin and soft tissues (SUR: 35%, ICU/ED: 16%, MED: 6%) and intra-abdominal infections (SUR: 9%). Levofloxacin (55%) and meropenem (11%) were the most prescribed for respiratory tract infections, teicoplanin (6%) for skin and soft tissue infections.

Conclusions Our stewardship policy led to a reduction in the use of wide-spectrum antibiotics, so ATf may represent a valid method of rationalising the choice of antimicrobial treatment.

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OHP-037 EVALUATION OF CHANGE OF ETANERCEPT SUBCUTANEOUS ADMINISTRATION DEVICE

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Background Etanercept is a soluble tumour necrosis factor receptor fusion protein used in a variety of arthropathies. A new administration device (pen) has recently been marketed.

Purpose To evaluate pain differences and preference between the etanercept syringe and pen as well as the relation between pain and demographic and anthropometric factors.

Materials and Methods All patients with the etanercept pen from 1 January 2012 to 31 March 2012 who had previously used the syringe were chosen. Gender, age, Body Mass Index (BMI), diagnosis, self-administration, pain perception (0 = no pain; 10 = maximum pain) and device preference were recorded. Statistical analysis: Student's t-test and variance analysis were used for comparisons of means, chi-square and Fisher's test for proportions, and non-parametric tests for pain.