Other hospital pharmacy topics

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 it is important to focus the attention on this concept.

No conflict of interest.

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

doi:10.1136/ejhpharm-2013-000276.410

MC Silvani, L Paternoster, S Calabria, I Martens, S Gambetti. AUSL Imola, Assistenza Farmaceutica, Imola (Bologna), Italy

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 antimicrobial 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.

Acknowledgements Agenzia Italiano Del Farmaco, Emilia Romagna Region.

No conflict of interest.

OHP-037 EVALUATION OF CHANGE OF ETANERCEPT SUBCUTANEOUS ADMINISTRATION DEVICE

doi:10.1136/ejhpharm-2013-000276.411

MJ Gayan Lera, ’M Errcilla Liceaga, ’C Ripa Cauriz, ’C Sarasqueta Ezaguirre, ’I Barral Juez, ’MD Maulone Echeverría, ’I Aigure Zubia, ’P Pascual Gonzalez, ’P Carmona Oyaga, ’M Umerz Igartua. ’Donostia University Hospital, Pharmacy, San Sebastián, Spain; ’Biodonostia

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.
Results 109 patients (43% men; 57% women) met inclusion criteria. Mean age was 54 ± 13.5 years and mean BMI 26.5 ± 4.8 kg/m². 58.7% had Rheumatoid Arthritis, 19.3% Ankylosing Spondylitis, 1.8% Juvenile Idiopathic Arthritis, 16.5% Psoriatic Arthritis and 3.7% Psoriasis. 82% self-administered the pen, and 71% the syringe. The median pain with the syringe was 3 [interquartile range (IQR): 2–6] and with the pen was 4 [IQR: 2–5] (P = 0.008). 65% reported the same pain with both devices. 35% reported differences in pain in most of them (71%) had much pain (>5) with the pen and little pain (<5) with the syringe.

There was a statistically significant association of pain with gender: women had more pain with the pen (P = 0.05), but less with the syringe (p > 0.05). There was no association with BMI, age or diagnosis. 59% preferred the pen, 25% the syringe, and 16% did not mind.

Conclusions An association of pain with pen device and female gender was found. However there was no association with BMI, age or diagnosis. Acceptance of the pen and self-administration were higher even though pain was greater, so it is necessary to maintain both devices to assure adherence.

No conflict of interest.

**OHP-039** EXPANDING THE INVOLVEMENT OF PHARMACY SERVICES VIA COMPUTERISED MEDICAL FILES

doi:10.1136/ejhpharm-2013-000276.413

N Mansur, T Gruenewald, E Sporta, M Shindler, D Lavi. Beilinson Hospital, Pharmacy services, Tel Aviv, Israel; Beilinson Hospital, Computer Services/Elad Software Systems, Tel Aviv, Israel; Beilinson Hospital, Computer Services, Tel Aviv, Israel

Background Pharmacists are essential for the safe use of medicines, and have a very important role in providing comprehensive drug management. Their crucial responsibilities in medicines management and promoting quality control necessitate developing a computerised tool to improve their communication with other medical team members.

**Purpose** To develop a pharmacist interface, as a part of the computerised medical file ‘Chameleon’, to display all the information required by pharmacists for preparing and documenting their intervention.

**Materials and Methods**

- **Step 1:** mapping the processes required for implementation of the system
- **Step 2:** preparing a dedicated tool with two components:
  1. A pharmacist interface: a screen designed to show all related data required for a clinical pharmacist to form his opinion regarding the medicinal treatment. The pharmacist intervention is documented in an assigned field ‘pharmacist follow up’, which is also displayed beside the ‘physician follow up’ field in the physician interface to save switching screens.
  2. The pharmacy services as an advisory ward: the pharmacists’ team is defined as an advisory ward that can be invited by the physicians. Requests for advice are displayed in a pharmacist work list.

**Results** The pharmacist interface was integrated into the ‘Chameleon’ and is used regularly. It is a convenient tool that displays all the information required for a professional pharmacist’s opinion, and improves medical team communication by allowing this opinion to be viewed by other staff members. There is an ongoing process of assimilation and dissemination of the computerised availability of pharmacy advisory services. There are two topics in development: (a) physician feedback and reference regarding the pharmacist advice, and (b) the ability to monitor all revised cases.

**Conclusions** The computerised tool satisfies the pharmacist work process and improves communication with the medical staff. The final tool will generate statistics about its contribution to medical personnel and improve the quality of pharmacy services in this medical care hospital.

No conflict of interest.
OHP-037 Evaluation of Change of Etanercept Subcutaneous Administration Device

MJ Gayan Lera, M Ercilla Liceaga, C Ripa Ciaurriz, C Sarasqueta Eizaguirre, I Barral Juez, MD Mauleon Echeverria, I Aguirre Zubiay, P Pascual Gonzalez, P Carmona Oyaga and M Umerez Igartua

doi: 10.1136/ejhpharm-2013-000276.411

Updated information and services can be found at:
http://ejhp.bmj.com/content/20/Suppl_1/A148.3

These include:

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Topic Collections
Articles on similar topics can be found in the following collections

- Drugs: CNS (not psychiatric) (393)
- Pain (neurology) (180)
- Degenerative joint disease (59)
- Musculoskeletal syndromes (98)
- Connective tissue disease (66)
- Immunology (including allergy) (615)
- Rheumatoid arthritis (47)
- Dermatology (135)
- Competing interests (ethics) (1710)
- Ankylosing spondylitis (17)
- Calcium and bone (56)

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/