

obtained for r-FSH was €82.3 (€78.3–€98.1) and €73.3 (€67.6–€81.7) for u-FSH, so the ICER in mature oocytes obtained was 4.7 (4.0–15.2).

Conclusions According to scientific evidence r-FSH appears to be more effective in women undergoing COH; however, this slight increase in efficacy does not seem to compensate for the difference in price, the result being that u-FSH is more cost effective.

No conflict of interest.

OHP-067 PRESCRIPTION PROFILE ANALYSIS OF PROTON PUMP INHIBITORS IN A TERTIARY HOSPITAL

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Background In October 2011, selection criteria for proton pump inhibitors (PPIs) were published, recommending the use of omeprazole as a drug of choice because, at equipotent doses, it is the most cost-effective drug, compared to other PPIs.

Purpose To describe the prescription profile of PPIs for different consultants and in patients who are discharged from hospital.

Materials and Methods Information about the prescriptions for PPIs issued during 2011 was obtained from the pharmaceutical software. The data were analysed and classified according to therapeutic group, active principle, number of defined daily doses (DDD), service and number of prescriptions. The percentage DDD of each active principle with respect to the PPI group as a whole was also investigated.

Results During 2011, 9,654 prescriptions were written. Gastroenterology was the Medical Service with the most prescriptions, followed by Internal Medicine and Otolaryngology. The percentage DDD of each PPI prescribed in each service, related to the whole of the PPIs was:

- **Gastroenterology:** 26% omeprazole; 14% pantoprazole; 18% lansoprazole; 16% esomeprazole; 26% rabeprazole. Total, 2213 prescriptions.
- **Otolaryngology:** 55% omeprazole; 22% pantoprazole; 2% lansoprazole; 7% esomeprazole; 14% rabeprazole. Total, 1074 prescriptions.
- **Internal Medicine:** 82% omeprazole; 7% pantoprazole; 0,5% lansoprazole; 10% esomeprazole; 0,5% rabeprazole. Total, 619 prescriptions.

Conclusions Omeprazole is the PPI with the highest percentage of DDD prescribed, nevertheless prescriptions for it are on the low side (less than 30% in Gastroenterology and Otolaryngology, and less than 85% in Internal Medicine); this means that there is still a lot more room for improvement. The Service which made the best selection of IPPs was Internal Medicine, followed by Otolaryngology, and finally Gastroenterology.

Despite the low number of prescriptions made in hospital, compared to the ones prescribed in Primary Care, there is still a lot of work to be done to improve the selection of IPPs prescribed in hospital.

No conflict of interest.

OHP-068 REPEAT AUDIT OF LMWH USE IN THROMBOPROPHYLAXIS ON AN ORTHOPAEDIC SURGERY WARD, EMERGENCY CENTRE, BELGRADE

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Background The Guideline for Prevention of Deep Venous Thromboembolism in Orthopedic Surgery, based on current European and American Guidelines, was introduced in late 2009 on the Orthopedic Surgery Ward, Emergency Centre, Belgrade.

Hospital pharmacists were actively involved in writing, and monitoring the implementation of, the guideline.

Purpose The first audit of implementation of the guideline was in March 2010. The aim was to show if all patients were receiving thromboprophylaxis according to the guideline; and whether thromboprophylaxis was being recommended for patients after discharge from hospital.

The aim of the repeat study was to estimate if there were differences in implementing the guideline.

Materials and Methods Monitoring of prescriptions for patients in hospital and recommendations for thromboprophylaxis on the discharge documentation.

This study covered the period from January to March 2012 and compared results with the same period in 2010.

Results 2010 year: Total number of patients 104; 97% of patients received the recommended anticoagulant treatment during hospitalisation, and 85% patients received the recommended anticoagulant treatment after hospitalisation.

2012 year: Total number of patients 143; 96.5% of patients received the recommended anticoagulant treatment during hospitalisation, and 91.5% of patients received the recommended anticoagulant treatment after hospitalisation.

Conclusions During the monitoring period 3% of patients did not receive the recommended thromboprophylaxis during hospitalisation in 2010, and 3.5% of patients in 2012.

By continuous monitoring of recommended thromboprophylaxis after release from hospital, it was concluded that 15% of patients failed to receive the recommended treatment in 2010, and 8.4% in 2012.

The repeat audit two years later showed a similar percentage of thromboprophylaxis prescribing during hospitalisation, and significant improvement in thromboprophylaxis recommendations at the discharge of patients from hospital.

No conflict of interest.

OHP-069 RETROSPECTIVE STUDY ABOUT PATIENTS WITH A STOMA AND THEIR NEEDS IN THE HEALTH DISTRICT OF PATTI (MESSINA)

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Background Serious conditions of the bowel and bladder often require the formation of a stoma. It is estimated that 650,000 people in Europe live with a stoma. A person with a stoma not only needs post-operative medical care, but also appliances and accessories to increase his quality of life. In the Local Health Authority (LHA) of Messina appliances and accessories are given, for free, every month by the Hospital/District Pharmacies.

Purpose To point out, for the Health District (HD) of Patti, which is one of seven HDs in the LHA of Messina, the number of patients with a stoma, the types of appliances and accessories used, and with what difficulties we assist patients.

Materials and Methods Through the retrospective interrogation of an administrative database it was possible to assess the number of patients with a stoma who live in the HD of Patti and, particularly, those who received appliances and accessories from 01/01/2011 to 31/12/2011. For each patient the gender, age, kind of stoma, type and amount of appliances and accessories were recorded. All data gathered were analysed with 'Statistica' software. During the delivery of devices patients were also interviewed about problems they had experienced. All answers were collected and reviewed anonymously.

Results 70 patients were recorded, mainly with a colostomy. The incidence in the HD population was 1:715 inhabitants. 55.7% of patients were males and the average age was 74.3 years [39, 94].