

There was no difference between the number of patients with a one or a two-piece appliance. Closed appliances are most commonly used; 75% of patients had experienced at least one appliance leakage/year; 57.15% needed adhesive paste, 36% a skin protection barrier. Only 10% had difficulty in removing the stoma appliance causing skin stripping and ulceration.

Conclusions In the Patti HD hospital pharmacists can play a role in supporting and guiding patients and their carers by providing information, education and counselling on how to best manage their stoma in daily activities, in order to achieve an acceptable quality of life.

No conflict of interest.

OHP-070 SATISFACTION WITH ELECTRONIC PRESCRIBING IN A GENERAL HOSPITAL

doi:10.1136/ejhp-2013-000276.443

¹T Sánchez Casanueva, ²P López Sánchez, ²E Jerez Fernández, ¹JJ Márquez Nieves, ²M Heredia Benito. ¹Complejo Hospitalario La Mancha Centro, Pharmacy, Tomelloso, Spain; ²Complejo Hospitalario La Mancha Centro, Pharmacy, Alcázar de San Juan, Spain

Background Electronic prescribing (EP) is a useful tool for improving the safety and adaptability of the prescription process. Surveys enable us to find out the satisfaction of users and potential areas for improvement.

Purpose To find out how satisfied doctors and nurses of the Internal Medicine Service (IMS) were with EP.

Materials and Methods In 2010 the 'Mambrino XXI' electronic medical record, which is an EP module, was implemented in a 100-bed general hospital.

In 2012 the Pharmacy Service developed an anonymous and confidential survey that was given to the doctors and nurses of the ISM. The questionnaire included 6 questions rated with a Likert scale (1: very bad/strongly disagree, 2: bad/disagree, 3: Regular/indifferent; 4: good/agree, 5: very good/strongly agree): 1. How do you consider the ease of use? 2. How does the speed of the application seem to you? 3. Are the alerts for allergies and duplications useful? 4. Do you think it prevents medication errors and improves safety? 5. Is the design of printed orders satisfactory? 6. What do you think about the support from the Pharmacy Service?

An overall satisfaction question was also included with 4 answers: very satisfied, satisfied, dissatisfied, very dissatisfied.

Results 6 doctors and 10 nurses completed the questionnaire. The average score was 3.7 for question 1; 2.9 for question 2; 3.9 for question 3; 3 for question 4; 3.1 for question 5 and 4.1 for question 6; 6 respondents were very satisfied, 5 satisfied and 5 dissatisfied.

Conclusions The survey evaluated aspects of practise use, safety and Pharmacy Service support. More than two-thirds of doctors and nurses of the ISM were satisfied with the EP. There are opportunities for improve all the aspects investigated, especially the programme speed, the perceived safety and the design of printed medical orders.

No conflict of interest.

OHP-071 STUDY OF GLUTAMINE USE IN ADULT PARENTERAL NUTRITION

doi:10.1136/ejhp-2013-000276.444

R Tamayo Bermejo, C Gallego Fernández, J González Chávez, M Ruiz de Villegas, I Muñoz Castillo. HRU CARLOS HAYA, Servicio de Farmacia, Málaga, Spain

Background Intravenous glutamine supplementation in patients with catabolic stress is widespread in clinical practise, although there is no clear consensus on its use.

Purpose To study the use of glutamine in adult parenteral nutrition to adapt it to the available scientific evidence and to assess the economic impact of parenteral nutritional treatment.

Materials and Methods Retrospective observational study of units of parenteral nutrition (PNU) produced during 2011.

We studied the three services that used PN most: Digestive Surgery, Digestive and Intensive Care Unit (ICU).

Data collection source: Software in parenteral nutrition area. Pharmacy Management System.

Study Variables:

Protocols produced by service (number of each PNU protocol, protocol type, number of patients with each protocol and duration of nutrition).

Individualized PNUs produced by service (number of PNUs, number of patients and duration of PN).

Cost of each protocol and glutamine cost therein.

Results Of all adult PNUs produced in accordance with a protocol, 58% were stress protocols.

PNU per service (including individual):

Digestive Surgery: 80% of the total number of PNUs were stress PNU and corresponded to 68% of the patients. There is scientific evidence to recommend the use of glutamine in patients undergoing major abdominal surgery.

Digestive: 52% of the total number of PNUs were stress PNU and corresponded to 54% of the patients. Glutamine use was associated with acute pancreatitis and inflammatory disease, although clinical studies are insufficient to recommend this.

ICU: 63% of the total number of PNUs were stress PNU and corresponded to 72% of patients. There is evidence of clinical benefit with high recommendation.

Glutamine cost varies between 45.4%–55.7% of the total cost per PNU.

76.5% of the total cost of protocolized PNUs corresponded to stress protocols.

Conclusions An opportunity for improvement is identified in the use of glutamine. We propose a detailed study of the prescription/indication to rationalise its high use and associated costs.

No conflict of interest.

OHP-072 STUDY OF USE OF COLISTIN IN A SERBIAN CLINICAL CENTRE

doi:10.1136/ejhp-2013-000276.445

M Grcic, M Tomic. Clinical Center Serbia, Service for the Pharmaceutical Business and Supply, Belgrade, Serbia

Background Colistin (polymyxin E) is a mixture of cyclic polypeptides colistin A and B and it remains one of the last-resort antibiotics for multidrug resistant species of *Pseudomonas* and *Acinetobacter*. The increased use of Colistin was noticed at the end of 2011.

Purpose To analyse the use of Colistin due to increased bacterial resistance and difficulties in supply, as no licence has been issued for marketing authorization of this medicine in Serbia.

Materials and Methods A retrospective descriptive study of patients who started Colistin treatment from January to September 2012. We reviewed those forms that recorded: patient demographic data, posology, duration, kind of treatment and type of infection. All data were collected in an Excel database.

Results In this period, 86 patients were prescribed Colistin (55% men). In 74% cases the posology was 1M IU/8h, and in 26% was 2M IU/8h; mean duration of treatment was 18.07 days, but in 38% patients we did not get data about duration of treatment. Colistin

was used in the following departments: ICU (74%), Surgery (7%) Internal Medicine (5%), and other several wards (14%). Colistin treatment was started empirically in 16% of patients. Microbiological diagnosis (*Pseudomonas* sp. that were aminoglycosides and carbapenems-resistant, and multi-drug resistant *Acinetobacter baumannii*) was the reason for Colistin treatment in 84% of patients.

Conclusions Due to the increased number of patients in a seriously difficult, life-threatening conditions caused by severe nosocomial infections it is necessary to establish strict control over Colistin prescribing (an antibiogram based on blood culture or cerebrospinal fluid, council of infectiology experts etc.). The possibility of getting it registered in Serbia and included on the list of reimbursed drugs should be investigated. It is also necessary to monitor carefully, and to improve our active communication with, the main wards in order to promote the rational use of antibiotics.

No conflict of interest.

OHP-073 SURVEY OF INTERFACE MANAGEMENT MEASURES REGARDING MEDICINES

doi:10.1136/ejhp-2013-000276.446

¹S Vogler, ¹N Zimmermann, ¹C Hahl, ¹C Leopold, ²E Dolinar. ¹Gesundheit Österreich GmbH/Austrian Health Institute, Health Economics, Vienna, Austria; ²Retired, Chief Hospital Pharmacist, Vienna, Austria

Background The need to improve medicines management at the interface of hospital and primary care is generally acknowledged. But knowledge of good practise on how to bridge that gap is scant.

Purpose To learn about existing policies, mechanisms and measures of cooperation between the hospital and primary sector (hereafter called interface management).

Materials and Methods A survey was performed with the PHIS (Pharmaceutical Pricing and Reimbursement Information) network comprising competent authorities for pharmaceutical pricing and reimbursement as well as hospital pharmacists from 27 countries (25 EU Member States, Norway and Turkey). PHIS network members were asked to inform in writing, preferably by drafting a report according to a predefined template, of medicines management in the in-patient sector and interface management measures in their country. We reviewed 19 published PHIS Hospital Pharma reports, two draught reports and information provided by six further countries (data as of 2009/2010). During a network meeting in February 2012, network members from eleven countries provided updated information on interface management measures in their country on a poster.

Results Only 17 countries reported interface management initiatives. Measures included joint reimbursement lists, hospital drug formularies being coordinated with the list of recommendations for medicines in the primary care, joint development of recommendations/guidelines; joint Drugs and Therapeutics Committees (DTC) and hospital DTCs with a representative from the social health insurance; (obligatory) transfer of information on pharmacotherapy between the sectors, including IT solutions; patient education and counselling; special funding schemes, financial incentives for cooperation projects; pharmacy liaison services, hospital discharge programmes and medicines reconciliation.

Conclusions As in most cases the implementation of the reported measures would require a change in the organisation and funding of the pharmaceutical system, it cannot be done by the hospital pharmacists alone. Improved dialogue between the sectors is urgently needed.

No conflict of interest.

OHP-074 THE CHRONIC OBSTRUCTIVE PULMONARY DISEASE IN AZIENDA SANITARIA PROVINCIALE SIRACUSA: ECONOMIC CONSIDERATIONS RELATED APPROPRIATENESS OF PRESCRIPTION

doi:10.1136/ejhp-2013-000276.447

¹N Avola, ²S Guzzardi, ²D Sgarlata, ²R Sorbello, ²G Cacciaguerra, ²A Scandurra. ¹Università degli Studi di Catania, Scuola di Specializzazione Farmacia Ospedaliera, Catania, Italy; ²P.O. Umberto I, U.O.C. Farmacia, Siracusa, Italy

Background In Italy respiratory diseases are the third cause of death, 50% of which is caused by Chronic Obstructive Pulmonary Disease (COPD). COPD is an irreversible inflammation that causes narrowing of the airways and has a slow and progressive course. In Siracusa the high incidence of COPD may be due to the petrochemical plants in the area. Drug treatment allows us to improve quality of life and to reduce mortality, but often the prescriptions do not adhere to the GOLD Guidelines (GL) for COPD treatment.

Purpose To assess the budgetary impact of the treatment used and of the GOLD GL treatment.

Materials and Methods The authors obtained, by administrative databases and mathematical models:

- The prescriptions of medicines for COPD (ATC R03) in 2010 in Azienda Sanitaria Provinciale (ASP) Siracusa;
- The number of patients with COPD;
- The number of patients for each stage of severity;
- The budget impact of the treatment used and the GOLD GL treatment, which recommends:
- using SAMAs/SABAs (short-action antimuscarinics/anti-adrenergics) in the mild stage;
- adding LAMAs/LABAs (long-action antimuscarinics/anti-adrenergics) from the moderate to very severe stage;
- to add FDCs (fixed combination drugs)/ICSs (inhaled corticosteroids) in severe and very severe stages.

Results 5895 patients had COPD, of whom:

- 1484 in mild stage;
- 2672 in moderate stage;
- 1155 in severe stage;
- 584 in very severe stage.

The spending for drugs prescribed for COPD was €2,702,627 of which €1,787,967 was for FDCs/ICSs.

If the prescriptions were 100% adherent to GOLD GL spending would have been €1,309,304, of which €434,029 for FDCs/ICSs, with a saving of €1,393,323.

Conclusions If the prescriptions of FDCs/ICSs adhered to GOLD GL, spending would have been 50% less. The adherence to GOLD GL ensures the patient a proper prescription and allows high savings. The authors are developing a training-information project aimed at encouraging doctors to prescribe appropriately.

No conflict of interest.

OHP-075 THE COST OF MANAGING INTRACRANIAL ANEURYSMS BY EMBOLIZATION IN MOROCCO

doi:10.1136/ejhp-2013-000276.448

¹A Cheikh, ²S Ahid, ¹N El Abbadi, ¹H Ismaili, ¹A Ababou, ²Y Cherrah, ¹A El Quessar. ¹Mohammed V souissi university, Faculty of medicine and pharmacy and CHEIKH ZAID hospital, Rabat, Morocco; ²Mohammed V souissi university, Faculty of medicine and pharmacy, Rabat, Morocco

Background The overall prevalence of intracranial aneurysm is thought to be between 0.5 to 6% of population, based on angiographic study and autopsies. The frequency of detection and treatment of these aneurysms has increased due to the greater use of non-invasive diagnostic imaging techniques.