(2) Is treatment modification or close monitoring necessary? (3) Is it reasonable to prohibit the use of any supplement?

Purpose To explore and study those determinants that need to be taken into account when managing drug/supplement interactions.

Materials and Methods Taking the results of our previous study as a basis we have systematically evaluated the literature and the available authentic databases.

Results There are significant differences between the databases we have looked at, as to which interactions are present in the system, and how broad a spectrum of active ingredients is included when a known case of interaction occurs.

We identified the following factors, which have to be taken into account when evaluating a potential interaction:

- type of underlying evidence (in vitro studies, case reports, clinical trials, etc.)
- which form of a given interacting substance has been reported on (species, plant-part, type of extract, etc.) and whether this component is present in the product
- mechanism and dose dependence of the interaction
- which patient groups are more likely to develop symptoms due to the interaction

We evaluated 155 components found in supplementary products by the listed criteria, then assessed the relevance and classification of interactions.

Conclusions Special software, that contains all the recommended criteria we have set up, could become an effective tool for preventive screening of interactions on hospital admission.

Reference

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No conflict of interest.

GRP-046 CORONARY PATIENTS: WHICH THERAPEUTIC APPROACH ON DISCHARGE FROM HOSPITAL?

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Background Coronary artery disease is one of the main causes of death in industrialised countries. The recommended treatment is 'BASI' (B for beta-blockers, A for antiplatelet agent, S for statin and I for ACE inhibitors or sartans) together with appropriate treatment of major cardiovascular risk factors (CVRFs).

Purpose To study compliance with the standard care of coronary patients, choosing to focus on hospital discharge in the context of improving professional practise.

Materials and Methods This study was conducted in two cardiology units, over 2 years. It focused on all inpatients with a positive coronary angiography. An evaluation of professional practise was conducted in 2010. Improvement actions were then taken: the results were presented to cardiologists and a booklet was written summarising good professional practise recommendations. In 2012, practise was re-evaluated through a second study. We collected and analysed information on treatment after hospitalisation, CVRFs and information in the discharge letter.

Results The study included 179 patients in 2010 and 111 in 2012.

Concerning drug treatment, the recommended 'BASI' treatment was prescribed in 72% of cases in 2010 versus 70% in 2012. For non-compliant treatments (i.e. other than BASI), 17% were justified in the discharge letter (BASI not indicated or contraindicated), against 16% previously.

Concerning the management of CVRF, lipid analysis was performed for 94% of patients in both groups, and recorded in the discharge letter in 82% (2010) versus 77% (2012). 30% of patients with diabetes and/or obesity consulted a dietician or diabetologist in 2010 versus 44% in 2012. Last, 68% of smokers received a nicotine substitute in 2010 and 35% in 2012.

Conclusions Our work shows that the recommendations are generally well respected. This may explain why, despite successive changes of junior doctors, practise has changed little during this study. However, further action will be required concerning management of CVRFs, which is still less satisfactory.

No conflict of interest.

GRP-047 CREx AND ORIONÆ ANALYSIS IN AN HOSPITAL PHARMACY: A SIX-MONTH REVIEW

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Background Prevention of medication errors has led to improved safety of the drug use system. Experience feedback committees (Comités de Retour d'Expérience, CREx), in particular, can help health professionals to improve the quality and safety of drugs management.

Purpose To set up a CREx in our pharmacy, in order to record, analyse and correct precursor events.

Materials and Methods Medication errors are collected on a report form. Once a month, these errors are reported to CREx and the staff select the event that will be discussed in the next CREx meeting. The ORION method, based on experience acquired in aeronautics, was selected to analyse how the CREx should operate. The systemic analysis is divided into 5 steps, performed by a pilot trained in the method and presented during CREx. The five steps are: collect the data, rebuild a chronology of facts, identify any gaps, contributing and influential factors, propose corrective measures and write the analysis report.

Results From April to September 2012, 61 dysfunctions were reported. 19 were actual and 42 were potential errors. Among these errors, 47.5% related to prescription, 21% to dispensing, 21% to inventory management, 7% to administration, 1.7% to validation and 1.7% to preparation. Five of these errors were analysed in CREx (ORION method). Ten corrective measures were proposed, 6 of which were actually implemented. We noted an increase in the number of dysfunctions reported, from 4 dysfunctions reported in April to 22 in September.

Conclusions CREx is well established in our pharmacy, taking place once a month, with representatives of all pharmacy staff. After six months, CREx has enabled 6 corrective measures to be implemented (creation or modification of procedures, modification of medicines management, etc.). It has also enabled pharmacy staff to understand the importance of reporting and analysing medication errors.

CREx is thus an approach to sustain in order to improve the safety of the drugs use system.

No conflict of interest.

GRP-048 CYTOTOXIC DRUGS WITH THE POTENTIAL TO PROLONG THE QT INTERVAL

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Background Regulation No. 173/CD/8.1.7. from the Portuguese Authority of Medicines and Health Products (INFARMED), issued on 2 August 2012 and titled 'Ondansetron – dose constraint for