service as having been dispensed in the last year. The following variables were collected: sex, age, daily number of tablets (T), dose regimen (once daily OD, twice daily TD), ART combination with Nucleoside Reverse Transcriptase Inhibitors (NRTI), Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI) and Protease Inhibitors (PI/r), adherence and viral load (VL). A patient was considered to be adherent when adherence was *90%. The ART was considered effective when VL was *50 copies/mL.

Results N = 835, 566 men (67.9%), 268 women (32.1%) Mean age = 46.7 ± 8 years Mean Adherence = 92.2 ± 11.3% (* units dispensed/units that should have been dispensed) Adherent patients = 76.3% (No. adherent patients/No. patients) × 100 Mean tablets/day, adherent patients = 3.2 (* no. tablets/day taken by adherent patients/No. adherent patients) non-adherents = 3.7 (This means that non-adherent patients take more tablets/day than adherent patients) Efficacy of ART: 89.5% of adherent patients, 70.1% of non-adherent patients Adherents (%) according to: – • Sex: men = 79.3%, women = 69.8% – • Daily number of tablets: 1T = 81.1%, 2T = 82.4%, 3T = 81.9%, 4T = 74.5%, 5T = 6.9% 6T = 72.2% and >7T = 76.3% – • Dose Regimen: OD = 80.2% and TD = 72.2% – • ART combinations: § 2NRTI+NNRTI = 80.7% § 2NRTI +PI/r = 64.8% § PI/r = 89.4%.

Conclusions The success of the ART is considerably higher in adherent patients (89.5%) than in non-adherents patients (70.1%). Simplifying the ART (OD, fewer tablets) is a strategy able to increase the number of adherent patients. Monotherapy with PI/r improves the adherence to ART.

No conflict of interest.

CPC-016 **ANALYSIS OF PHARMACISTS' INTERVENTIONS ON INPATIENT PRESCRIPTIONS AND A CONSIDERATION OF THE ROLE OF HOSPITAL PHARMACISTS**

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Background The hospital pharmacist's role has changed steadily and is turning away from dispensing functions toward active involvement in pharmaceutical care. Intensifying verification of the prescriptions by dispensing pharmacists can contribute to improving the drug treatment of many more patients. Therefore, the system of inpatient prescription review by dispensing pharmacists was developed. Collaborative clinical pharmacist services in inpatient care have generally resulted in improved care and interaction with the health care team on patient rounds, patient interviews, medicines reconciliation, patient discharge counselling and follow-up. All these have resulted in improved outcomes.

Purpose The purpose of this study was to examine the record of interventions by pharmacists who didn't use a prescription review programme, the record of interventions by pharmacists who did use this programme, and the record of interventions by clinical pharmacists who participated in rounds. Thereafter, the purpose was to discuss the necessity for a change of role of hospital pharmacists.

Materials and Methods A retrospective study, analysis of intervention records by prescription error, type of pharmacist intervention, the significance of error, chi-square test SPSS v19, p < 0.05. Significance was classified as B2: could have resulted in significant morbidity or mortality if not prevented; B3: low potential for negative patient outcome.

Results The rates of pharmacist intervention in the three groups were 0.3%, 0.4% and 0.7%. Considerably different results were shown in the three groups of records on the types of prescription error, the type of pharmacist intervention and the significance of the error. The percentages of significance B2 in three groups were 28%, 37%, 80%, and those of B3 were 72%, 63%, 20%.

Conclusions In view of the results so far achieved especially in the significance of error, the role of clinical pharmacists participating in rounds has had a much more significant therapeutic effect on inpatients. The addition of clinical pharmacist services collaboratively in the care of inpatients generally resulted in improved care. Interacting with the health care team on patient rounds, interviewing patients, medicines reconciliation, and providing patient discharge counselling and follow-up have all resulted in improved outcomes. So, continuing efforts on effectiveness of all kinds of hospital pharmacists' work, such as automation of dispensing, are necessary.

Abstract CPC-016 Table 1

Analysis group	Group 1	Group 2	Group 3
Total prescriptions (n)	406,527	421,505	109,628
Prescriptions to be reviewed (n)	310,947	328,481	93,063
Intervention by pharmacist (n)	928	1,247	681
Rate (%)*(intervention/prescriptions to be reviewed/month)	928/310,947 =0.3	1,247/328,481 =0.4	681/93,063 =0.7

No conflict of interest.

CPC-017 **ANALYSIS OF SURVIVAL IN PATIENTS WITH ADVANCED NON-SMALL CELL LUNG CANCER**

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Background Non-small cell lung cancer (NSCLC) accounts for most cases of lung cancer. Approximately 40% of patients with NSCLC present with advanced-stage disease at the time of diagnosis.

Purpose To analyse the median overall survival in patients with NSCLC stage IIIB or IV.

Materials and Methods Retrospective observational study. Patients with NSCLC stage IIIB or IV who started treatment between 01/01/2011 and 30/06/2011. Data source: Patient medical records, oncology programme (Oncowin) and outpatient dispensing record programme (SAVAC and Farmatools). Data recorded: age, gender, age at diagnosis, stage, histology, chemotherapy, number of chemotherapy cycles and number of prior chemotherapy regimens.

Results Thirty patients were included with a median age at diagnosis of 63 years (IC95% 60–66). 73.3% were male. The stage at time of diagnosis was IV in 80% of patients. The most common histology was adenocarcinoma (50%), 30% squamous cell carcinoma, 10% large cell and another 10% other histological type. Platinum-based chemotherapy was the first line treatment in 66.7% of the patients and for the remaining 23.3% it was vinorelbine alone or in combination. Six patients received maintenance treatment, three with erlotinib, two with pemetrexed and one with bevacizumab. The median progression-free survival time was 4 months (IC95% 2.9–5.1) in patients receiving maintenance treatment and 3 months (IC95% 0.8–5.2) in patients who were not given maintenance treatment. The median overall survival time was 6 months (IC95% 1.2–10.8) for patients with maintenance treatment and also 6 months (IC95% 3.1–8.8) in patients without maintenance treatment.

Conclusions Platinum-based chemotherapy remains the standard treatment.

According to the latest guidelines issued by ESMO the role of maintenance is not yet defined. In our study only a few patients were candidates for this treatment.

The median overall survival time found in our study was similar in the two groups.

No conflict of interest.

CPC-018 ANETH: AN ORIGINAL TOOL FOR ASSESSING, PROMOTING AND IMPROVING YOUR PATIENT EDUCATION (PE) PROGRAMME

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Background In France, the annual self-assessment of PE programmes is recommended by the Regional Health Agencies. This analytical approach, necessarily time-consuming and structured, is a challenge for any team. However, it is a preliminary step in any process of qualitative and quantitative improvement.

Purpose First to provide a tool enabling teams to formalise and describe their work processes and to record work done and resources data in order to identify margins of progress leading to an improved action plan.

Materials and Methods A survey of quality criteria was conducted according to the recommendations available in France about PE programmes. The quantitative criteria were those requested by regional agencies. Several successive versions have been developed. Each was tested by a group of programme coordinators and updated as necessary.

Results The final tool is provided in the form of a user-friendly Excel document. The first input sheet is simply used to identify the programme. The following three input sheets are designed to record qualitative data (process), quantitative data (tasks accomplished), and the achievement of programme objectives (effectiveness). The output summary sheet shows graphical results and highlights the strengths and weaknesses of the programme, as well as quantitative changes from the previous year. The last sheet allows you to edit a report containing the main recorded items.

Conclusions AnETh appears to be easy to use and provides an original interface for identifying and evaluating PE activities in order to improve actions. It provides a simple method for meeting the requirements of self-assessment and certification and, in the current context of financial constraints, it may be used as a useful activity and resources report. Future versions may incorporate an interface with the usual recording software, in order to skip data collection.

No conflict of interest.

CPC-019 ANTICOAGULANT THERAPEUTIC EDUCATION: A NEW MORE SUCCESSFUL METHOD?

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Background More than 1% of the French population is treated with anticoagulants. This class of medicines is the leading cause of iatrogenic illness. For this reason anticoagulant therapeutic education (ATE) is a priority for our hospital. Since 2010, an ATE programme has been implemented in the cardiology department but only a few patients have been interviewed so far.

Purpose To find a new method that would be more effective in treating patients and also easier to implement for the pharmacist, who is in charge of informing the health staff.

Materials and Methods Since all the patients' records are computerised, we worked with the computing department to include the ATE programme in the patients' records. We start by interviewing the patients being treated with anticoagulants. Then, we explain to them what the treatment consists of and we give them an explanatory booklet which informs them about the signs of overdose, risky situations and adverse effects. It also provides them with information regarding their diet and the steps they have to follow when forgetting a dose. We call the patients one month after the interview was carried out to assess the results.

Results The new method was implemented in March 2012. Of the 12 patients we interviewed, 8 patients answered our questions and 2 of them had stopped their treatment. The 6 patients still on treatment knew that the treatment follow-up required doing blood tests. 4 of them knew what to do if they got an abnormal INR result. 3 of the 6 patients kept their anticoagulant treatment card in their wallet. All the patients took their medicine at fixed times in the evening. They appeared to be satisfied with the programme. The booklet helps them to commit to memory the concepts explained to them. Including the ATE in the patients' computerised records was shown to make the pharmacist's work easier. The presentation of the process to the managers from the different departments was a success.

Conclusions These encouraging results highlight the advantages of this new therapeutic education method which makes the pharmacist's work easier. We plan to introduce ATE in all departments and to assess this implementation over the next six months.

No conflict of interest.

CPC-020 ASSESSMENT OF MEDICINES ADMINISTRATION IN INSTITUTIONALISED PATIENTS WITH DYSPHAGIA OR FEEDING DISORDERS

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Background Dysphagia is the most common oesophageal disorder in the elderly, particularly in patients living in institutional settings, such as nursing homes. Pharmacists have an important role in patient safety by suggesting alternative methods of administration, dosage forms or therapeutic agents that might be available in a more suitable formulation.

Purpose Implementation of individualised medicines administration guides for geriatric patients with dysphagia or enteral tube feeding.

Materials and Methods A total of 154 institutionalised patients were included in a transversal prospective study carried out in 2 nursing homes over a period of 6 months. A comprehensive geriatric assessment was performed by an interdisciplinary team and all patient medicines profiles were reviewed. Pharmacist recommendations and prescription adaptations were then used to write individualised medicines administration guides for all dysphagic patients.

Results Medicines administration problems were identified in 52 out of 154 patients (33.7%). Their mean age was 84.5 ± 9.2 years, and most of them were female (73.9%). Polypharmacy was high among this population (75%) as defined by taking more than five drugs (mean 6.6 per patient).