Materials and Methods

- Inclusion of French-speaking paediatric patients (<12 years) discharged from the emergency department (ED; collected for 2 weeks) and a medicine ward (MED; collect for 2 months)
- Semi-structured phone interview of parents (drug supply, knowledge of the treatment) at 72 hours
- Questionnaire for community pharmacists

Results 109 patients were included (ED 64; MED 45). 88% were interviewed (ED 88%; MED 89%). 68% of questionnaires were returned to us (ED 59%; MED 89%).

79% of parents said they obtained all drugs immediately (ED 86%; MED 70%). The main reasons for not obtaining a drug were: drug not in stock (50% of cases; ED 38%; MED 58%), and not going to the pharmacy (20%; ED 25%; MED 17%). 65% obtained them later (ED 50%; MED 75%), of which 60% were obtained within a day (ED 38%; MED 50%). The total number of drugs prescribed was 241 (ED 124; MED 117). Global parents' knowledge of treatment indications (71% of drugs; ED 65%; MED 87%), duration (52%; ED 31%; MED 73%), doses (71%; ED 56%; MED 87%), and frequencies (69%; ED 53%; MED 85%) were good.

Pharmacy questionnaires showed similar results with drugs obtained immediately in 82% of cases (ED 89%; MED 61%).The main reasons for not obtaining drugs were: drug not in stock 48%, compounded drugs 24%, and parents' refusal 10%.

Results Compared to the emergency department, obtaining all the prescribed medicines was more difficult for patients leaving the medical ward but parents' knowledge of the treatment seemed to be higher. Interventions to improve drug supply and knowledge of the treatment by parents will be implemented and evaluated.

No conflict of interest.

CPC-038 CURRENT SITUATION ON PRESCRIPTION OF CARBAPENEMS IN GERIATRIC CARE UNITS

doi:10.1136/ejhpharm-2013-000276.495

[1]F Chautant, [1]I Bourgeois, [1]C Lebaudy, [1]C Laborde, [2]B Vellas, [1]P Cestac. *[1]Toulouse University Hospital, Pharmacy, Toulouse, France; [2]Toulouse University Hospital, Geriatrics, Toulouse, France*

Background Carbapenems (CBPs) are being used more and more because of the increasing prevalence of extended-spectrum beta-lactamase (ESBL)-producing Enterobacteriaceae. Due to the extensive misuse of these antibiotics, some bacteria have developed CBP-resistant mutations. This epidemiological situation should make us wonder about prescribing CBPs.

Purpose To describe prescribing patterns of imipenem/cilastatin, ertapenem and meropenem in elderly inpatients: context and impact of an interdisciplinary approach to prescriptions analysis.

Materials and Methods A retrospective study of CBP prescriptions was performed over a ten-month period (March-December 2011) in geriatric departments (313 beds). Data were collected from the electronic medical records, bacteriological analysis results and email exchanges between the infectious diseases physician (IDP), bacteriologists and pharmacists (prescription monitoring system). The following items were noted: patients, prescriptions and bacteriological characteristics.

Results 55 patients were included with a total of 61 CBP prescriptions. The mean age was 83 (sex ratio 0.72). 71% of patients accumulated between 2 and 5 risk factors of multidrug resistant bacteria. Imipenem was the most-used carbapenem (n = 35; 57%) compared to ertapenem (n = 23; 38%) and meropenem (n = 3; 5%). Major indications were urinary tract infections (n = 37; 61%) and pneumonia (n = 15; 25%). 59% of infections were nosocomial. 39% of CBP prescriptions were written after a first-line antibiotic had failed (ceftriaxone most of the time). The overall duration of carbapenem therapy was 11 days. Microbiologically-documented infections and ESBL bacteria accounted for 69% (n = 42) and 51% (n = 24) of prescriptions, respectively: 5 of the ESBL strains isolated were community-acquired bacteria. 61% (n = 38) of prescriptions were reassessed by an IDP: 29 (76%) were in accordance with recommendations; 7 (18%) were stopped or changed for a narrow-spectrum antibiotic.

Conclusions CBP prescriptions seem relatively well controlled in geriatric care units due to multidisciplinary analysis of the prescriptions. Nevertheless, evaluation of the impact of monitoring prescriptions for use of CBPs requires longer follow-up.

No conflict of interest.

CPC-039 DELPHI APPROACH TO DEFINING AND CONTEXTUALISING MEDICINES WASTAGE IN THE MALTESE POPULATION

doi:10.1136/ejhpharm-2013-000276.496

[1]LM West, [1]L Diack, [2]M Cordina, [1]D Stewart. *[1]Robert Gordon University, School of Pharmacy & Life Sciences, Aberdeen, UK; [2]University of Malta, Department of Clinical Pharmacology & Therapeutics, Msida, Malta*

Background Reducing wastage, including medicines wastage, is a paramount objective in promoting appropriate use of finite resources and preventing negative consequences. A systematic review of the published research on medicines wastage identified a lack of standard terminology and definitions.

Purpose The aim of this study was to apply an expert panel approach to achieve consensus in defining 'medicines wastage' in the context of the Maltese population.

Materials and Methods The Delphi technique, a multi-staged survey attempting to achieve consensus, was employed. An expert panel comprising 26 professionals and six patients was recruited and communicated by email. Round 1 had initial open-ended questions on the panel's understanding of the term 'medicines wastage' along with views on factors likely to be associated with wastage. Responses were analysed thematically. In round 2, respondents were requested to rank eight definitions of 'medicines wastage' in order of preference. Themes related to associated factors were presented as 5-point Likert statements.

Results The first two rounds of data collection are complete. Twenty-seven consented to participate, 23 of whom have responded to both rounds. Of the eight options for defining 'medicines wastage', the highest ranked was '…refers to any medicine which expires or remains unused throughout the whole medicines supply chain. It also refers to the unnecessary or inappropriate consumption of medicines by patients, or the unjustified non-adherence to treatment guidelines by healthcare professionals. Medicines wastage imposes a financial burden on patients themselves and the state's economy and requires adequate education of all people concerned.' Themes related to factors associated with wastage included: physical/environmental; social/psychological (patient/practitioner); and cultural.

Conclusions This research has generated a definition of 'medicines wastage' and a series of associated statements for further investigation. The research process followed in this study can easily be adapted and is therefore also highly relevant to hospital pharmacy practise across Europe.

No conflict of interest.