Clinical pharmacy and clinical trials

Abstract CPC-045 Table 1

<table>
<thead>
<tr>
<th>Boceprevir</th>
<th>Telaprevir</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thrombocytopenia</td>
<td>3</td>
</tr>
<tr>
<td>Anaemia</td>
<td>2</td>
</tr>
<tr>
<td>Anaemia</td>
<td>2</td>
</tr>
<tr>
<td>Skin Lesions</td>
<td>9</td>
</tr>
<tr>
<td>Pruritus</td>
<td>1</td>
</tr>
<tr>
<td>Vireous Detachment</td>
<td>1</td>
</tr>
<tr>
<td>Pancitepsia</td>
<td>1</td>
</tr>
<tr>
<td>No conflict of interest.</td>
<td></td>
</tr>
</tbody>
</table>

**CPC-046** EPIDEMIOLOGY, SYMPTOMS AND CHEMOTHERAPY OF IMPORTED MALARIA AT MOHAMMED V MILITARY TEACHING HOSPITAL IN RABAT, MOROCCO

doi:10.1136/ejhpharm-2013-000276.503

W Enreffab, H Naoui, IS Makram, IS Lamsoaoui, IA Bernana, IB Lnimouni. 1Mohammed V Military Teaching Hospital – Faculty of Medicine and Pharmacy, Clinical Pharmacy – Therapeutic Chemistry, Rabat, Morocco; 2Mohammed V Military Teaching Hospital – Faculty of Medicine and Pharmacy, Parasitology, Rabat, Morocco; 3Mohammed V Military Teaching Hospital – Faculty of Medicine and Pharmacy, Pharmacology, Rabat, Morocco; 4University of Debrecen, Central Pharmacy, Debrecen, Hungary

**Background** In Morocco, since the neutralisation of the last outbreak of Plasmodium vivax in 2004, only imported malaria cases have been recorded, the majority from sub-Saharan Africa. At Mohammed V Military Teaching Hospital in Rabat, patients are mostly military, often called to perform missions in malaria endemic areas.

**Purpose** To report the incidence, origins, symptoms and treatment of malaria at Mohammed V Military Teaching Hospital.

**Materials and Methods** A prospective study performed from 1 January 2000 to 15 November 2009. All patients who had travelled to a country where malaria is endemic and diagnosed positive for Plasmodium spp in our hospital were included. The data collected concerned the epidemiology, symptoms, diagnosis and treatment of malaria.

**Results** 145 patients had a thick blood smear positive for malaria parasites. 54% were Moroccan, the sex ratio Male/Female was 19.7:1 and the age varied from 6 to 60 years with a median of 34 years. Countries at the origin of the infection were classified in zone 3 in 92% of cases. All malaria patients were symptomatic at admission, with often one or more of the following symptoms: fever (99%), chills (57%), sweats (41%), headaches and various pains (80%), vomiting (67%), nausea (44%), anaemia (44%) and thrombopenia (73%). We distinguished 19 cases of severe malaria and 3 cases of probable evolutive visceral malaria unconfirmed by serology. Plasmodium falciparum was responsible for most cases, alone in 73% of cases and in combination with other Plasmodium species in 27%. The mean age was 49.3 years. Seventy-seven patients had ischaemic and 1768 symptomatic or cryptogenic epilepsy. During the examination period 1517 patients took antiepileptic treatment: 71% monotherapy, 21% dual therapy and only 8% polytherapy. Thirty-eight percent of the patients were on carbamazepine and 14% valproate monotherapy. Seventeen percent of the patients were seizure-free on levetiracetam, lamotrigine or oxcarbazepine monotherapy at least for one year. The ratio of side effect was 7.6%. Eighty-eight patients gave birth, 70 of whom took AEs during the organogenesis. No minor or major developmental disorders were observed, although there was one spontaneous miscarriage. At the start of the study a surprisingly high proportion of the patients (36.2%) received concomitant treatment affecting the CNS that could also influence the AEs metabolism. After carefully analysing the patient’s history and symptoms, we could decrease the use of the co-medication (diazepam, antidepressants, minor and major tranquillisers, alprazolam) to 14.6% of the patients. The compliance was good in 78.7% of the patients.

**Conclusions** The data of Epilepsy Database analysis may give useful information in clinical practise, not only for epileptologists, but clinical pharmacists too. Individualised-monotherapy decreases the side effects and improves the quality of life in patients with epilepsy.

No conflict of interest.

**CPC-047** EPILEPSY MANAGEMENT FROM THE CLINICAL PHARMACIST’S POINT OF VIEW AMONG EPILEPSY OUTPATIENTS IN THE EASTERN HUNGARIAN DATABASE

doi:10.1136/ejhpharm-2013-000276.504

H Horváth, K Fekece, É Csóti, I Fekece. 1University of Debrecen, Central Pharmacy, Debrecen, Hungary; 2University of Debrecen, Department of Neurology, Debrecen, Hungary

**Background** Epilepsy may need chronic medical treatment throughout life. This is why, besides epileptologists, clinical pharmacists also have an important role in the evaluation of effectiveness, tolerability, side effect, drug interaction, teratogenicity of antiepileptic drugs (AEDs).

**Purpose** To investigate how the cooperation of epileptologists and clinical pharmacists influence compliance and the effect of AEDs on the quality of life.

**Materials and Methods** We analysed 60 parameters of 1845 adult outpatients with epilepsy in the Eastern-Hungarian Database at the Department of Neurology, between 1992–2011. The clinical pharmacist collected and analysed data from 1015 men and 830 women that were related to epilepsy treatment. For statistical analysis the ‘STATISTICS for Windows’ programme was used.

**Results** The mean age was 49.3 years. Seventy-seven patients had ischaemic and 1768 symptomatic or cryptogenic epilepsy. During the examination period 1517 patients took antiepileptic treatment: 71% monotherapy, 21% dual therapy and only 8% polytherapy. Thirty-eight percent of the patients were on carbamazepine and 14% valproate monotherapy. Seventeen percent of the patients were seizure-free on levetiracetam, lamotrigine or oxcarbazepine monotherapy at least for one year. The ratio of side effect was 7.6%. Eighty-eight patients gave birth, 70 of whom took AEs during the organogenesis. No minor or major developmental disorders were observed, although there was one spontaneous miscarriage. At the start of the study a surprisingly high proportion of the patients (36.2%) received concomitant treatment affecting the CNS that could also influence the AEs metabolism. After carefully analysing the patient’s history and symptoms, we could decrease the use of the co-medication (diazepam, antidepressants, minor and major tranquillisers, alprazolam) to 14.6% of the patients. The compliance was good in 78.7% of the patients.

**Conclusions** The data of Epilepsy Database analysis may give useful information in clinical practise, not only for epileptologists but clinical pharmacists too. Individual-planned monotherapy decreases the side effects and improves the quality of life in patients with epilepsy.

No conflict of interest.

**CPC-048** ESTABLISHING THE ROLE OF THE PHARMACIST IN AN INPATIENT ANTOCOAGULATION MANAGEMENT SERVICE IN BELGIUM

doi:10.1136/ejhpharm-2013-000276.505

A Versac, IS Lorent, S Motte. Erasme University Hospital, Pharmacy, Brussels, Belgium; Erasme University Hospital, Thrombosis Unit, Brussels, Belgium

**Background** The complexity of the management of vitamin K antagonist (VKA) treatment has led to the development in many countries of anticoagulant management services (AMS) which provide patient education and good family physician communication in a systematic and coordinated fashion. In Belgium, there is only limited experience in AMS.

**Purpose** To determine the impact of a pharmacist-provided anticoagulant management programme (AMP) aiming at improving patient education and communication with the family physician.

**Materials and Methods** This was a prospective cohort study including consecutive inpatients newly initiated on VKA in an urban teaching tertiary care hospital. Patients and general practitioners were interviewed by phone shortly after discharge by using a standardised questionnaire to evaluate the quality of patient education and the quality of discharge reports before (usual care) and after implementation of a pharmacist-provided AMP. The AMP provided structured patient education and a standardised discharge report for family physicians.

No conflict of interest.
Hungarian Database
Epilepsy Outpatients in the Eastern
Clinical Pharmacist's Point of View Among
Epilepsy Management from the
CPC-047
L Horváth, K Fekete, E Csótó and I Fekete

_Eur J Hosp Pharm_ 2013 20: A182
doi: 10.1136/ejhp-2013-000276.504

Updated information and services can be found at:
_http://ejhp.bmj.com/content/20/Suppl_1/A182.2_

These include:

**Email alerting service**
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

**Topic Collections**
Articles on similar topics can be found in the following collections

- Drugs: CNS (not psychiatric) (393)
- Epilepsy and seizures (21)
- Drugs: psychiatry (55)
- Competing interests (ethics) (1710)
- Unwanted effects / adverse reactions (356)
- Drugs: musculoskeletal and joint diseases (277)
- Pregnancy (34)
- Reproductive medicine (73)
- Clinical genetics (3)

Notes

To request permissions go to:
_http://group.bmj.com/group/rights-licensing/permissions_

To order reprints go to:
_http://journals.bmj.com/cgi/reprintform_

To subscribe to BMJ go to:
_http://group.bmj.com/subscribe/_