Results With usual care, 58% of 26 patients received some form of unstructured education. Analysis of 42 discharge reports showed that duration of treatment, target INR (International Normalized Ratio), in-hospital INR results, scheduling of the next INR measurement and VKA maintenance dose were specified in 7%, 14%, 28%, 52% and 62% of them, respectively. Seventy-nine percent of 33 family physicians received the discharge report and 35% of them judged that it was complete.

With the pharmacist-provided AMP, all patients received structured education. Eighty-nine percent of 75 family physicians received the standardised discharge report and 99% of them judged that it was complete.

Conclusions The implementation of the structured pharmacist-provided AMP improved patient education and family physician communication.

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No conflict of interest.

CPC-049 EVALUATION OF A STANDARDISED THERAPEUTIC EDUCATION TRAINING SESSION FOR HYPERTENSIVE STROKE PATIENTS

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Background A standardised therapeutic education (TE) intervention was developed in 2009 in the department of Neurology, for hypertensive stroke patients. This training session has been officially authorised (Agence Régionale de Santé) since 2011.

Purpose To assess the effectiveness of the TE training.

Materials and Methods The TE training is for hypertensive patients hospitalised in a stroke unit for a cerebrovascular accident (CVA), and treated with antihypertensive drugs, when they are able to participate. We performed:

a. an evaluation of the patients' knowledge of hypertension (HT), self-measurement, and adherence to antihypertensive medicines, using a questionnaire (6 short questions) filled in before and after the TE session, during a consultation;
b. an evaluation of patient satisfaction, with an opinion questionnaire (after the TE session).

Results 67 patients participated in at least one session. a) 18 patients took part in a second session during a consultation, on average 4 months after the first session. The pre- and post-TE questionnaires were compared, and a score calculated, for 11 patients (7 patients excluded). The total post-TE score was significantly improved (34 ± 7 vs. 43 ± 2; p = 0.005). All items' scores had increased significantly: link between HT and CVA (P = 0.05), possibility of treating HT (P = 0.03), adaptation to antihypertensive drugs (P = 0.006), regular blood pressure measurement (P = 0.05). The score about the continuation of antihypertensive treatment was the only one that did not improve significantly. Results for medicines adherence could not be analysed (many patients had no treatment before hospitalisation). Post-TE, more patients carried out regular self-measurement. b) We analysed 40 opinion questionnaires: 94% of patients were completely satisfied with the session (reception, timing, educator open to listening, clarity), 80% felt completely capable of applying what they learned, 83% said they were ready to take part in other sessions.

Conclusions These results are really encouraging, about increased knowledge and patient satisfaction. Space should be made for a second TE session in post-CVA consultations.

No conflict of interest.

CPC-050 EVALUATION OF A UNIFIED INHALATION INSTRUCTIONAL SYSTEM IN COOPERATION WITH PHYSICIANS, HOSPITAL PHARMACISTS AND COMMUNITY PHARMACISTS

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Background The prevalence of asthma and chronic obstructive pulmonary disease (COPD) in Japan is estimated to be approximately three million and five million, respectively, and inhalation has gained widespread use as a long-term treatment modality. Thus, patient education on the purpose of medication and correct inhalation technique is essential for obtaining sufficient therapeutic benefit. In our region, to offer each patient correct inhalation treatment and improve treatment efficacy and quality of life, we prepared unified inhalation guidance documents and developed a system of cooperation between physicians, hospital pharmacists and community pharmacies.

Purpose To assess the benefits and problems of our guidance documents and cooperation system.

Materials and Methods A total of 162 Japanese patients were enrolled for instruction on inhalation treatment from August 2011 to August 2012. We investigated inhalation techniques and learning behaviour based on our unified inhalation guidance documents after patients had received instruction.

Results While 129 (79.6%) patients were instructed on inhaled medication only once, 59 of them (45.7%) were considered to need continuing instruction. Of these 59 patients, 50 (84.7%) used the inhaler device incorrectly and 31 (52.5%) had a lack of understanding of inhalation technique. The other 33 (20.4%) patients were allowed to receive continuing instruction to acquire the correct inhalation technique.

Conclusions In this study, 43.2% were able to acquire the correct inhalation technique with only one teaching session on inhaled medicines, and 20.4% of patients were allowed to receive continuing instruction to acquire the correct inhalation technique. On the other hand, 36.4% did not receive subsequent guidance despite the need for continuous instruction. Therefore, a system that enables us to determine the patients who need continuous instruction is required. Furthermore, correct instruction on inhalation treatment might promise to potentiate clinical efficacy. We plan to establish a more appropriate system and improve information sharing among system users.

No conflict of interest.

CPC-051 EVALUATION OF IMPLEMENTATION OF CLINICAL PHARMACY SERVICES IN CENTRAL NORWAY

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Background Central Norway Pharmaceutical Trust consists of six hospital pharmacies covering eight hospitals. In partnership with a research group at the University of Lund and the Lund Hospital Pharmacy, Sweden, we implemented a model for clinical pharmacy services named Integrated Medicines Management (IMM) based on the Lund IMM model (LIMM) and the IMM model from Northern Ireland. Two years on we have evaluated the service.

Purpose To evaluate the implementation of clinical pharmacy services with regard to reduction in medicines errors (MEs), with the main focus on discrepancies in medicines reconciliation (MedRec)

and drug related problems (DRPs) from medicines reviews (MRs); and benefits for patients and healthcare professionals (HCPs).

Materials and Methods The report builds mainly on studies, mini-audits and questionnaires. Four master thesis/projects completed in 2012 in our region studied the IMM model in hospital and primary care. Two mini-audits were completed during 2012 as benchmarking of daily activities and recording of MEs. Three questionnaire surveys were conducted; one investigating clinical pharmacists' experiences with the model, the second exploring the attitudes of and usefulness for HCPs and the third was a patient satisfaction survey.

Results Up to 70% of patients had one or more discrepancies between the drug lists in hospital and at home. Most discrepancies were due to drug(s) missing in the drug history. On average 2.1 DRPs per patient were identified and acted upon. Most DRPs were classified as: need for additional treatment and choice of drug/dose not appropriate. HCPs and pharmacists rated the service highly (5.1–5.5 on a 6-point scale) with regard to patient benefits and usefulness for HCPs.

Conclusions The model has been successfully implemented in hospitals in Central Norway. Further research will be needed to investigate end points such as reduced length of hospital stay and time to readmission. We plan to provide a more extensive service to all patients in our region, also in the community.

No conflict of interest.

CPC-052 EVALUATION OF THE INTEGRATION OF A CLINICAL PHARMACIST WITHIN A MOBILE MULTIDISCIPLINARY GERIATRIC TEAM

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Background In any general hospital, the number of elderly patients admitted in wards other than geriatric wards is steadily rising. The 'Centre Hospitalier du Bois de l'Abbaye et de Hesbaye' gets the benefit from a mobile second-line multidisciplinary team whose mission is to contribute to provide medical specialists and their staff with general geriatric principles and multidisciplinary expertise. The inclusion of a clinical pharmacist in this multidisciplinary team is an effective way to optimise the quality and the efficacy of elderly patient health care.

Purpose To evaluate the impact of including a clinical pharmacist within the mobile multidisciplinary geriatric team on the efficacy of pharmaceutical care.

Materials and Methods Two different working methods of the clinical pharmacist were compared in order to evaluate her inclusion in the geriatric team.

The first method, used from 1 July to 31 December 2011, evaluated the treatments and the interventions provided by the clinical pharmacist.

The second method, used from 1 January to 30 June 2012, was identical to the first one except that the interventions provided by the clinical pharmacist were taking into account the observations made by the multidisciplinary team.

Results From 1 July to 31 December 2011, 187 interventions were made for a total of 78 elderly patients. From 1 January to 31 May 2012, 202 interventions were made for a total of 75 elderly patients.

Following the inclusion of the clinical pharmacist within the multidisciplinary team we observed an improvement in the efficacy of pharmaceutical care with an increase of 12% in the number of interventions.

Conclusions The inclusion of a pharmacist within the mobile multidisciplinary geriatric team enables him/her to make better use of his/her expertise and to improve his/her analysis, improving patient health care.

No conflict of interest.

CPC-053 EVALUATION OF THE MANAGEMENT OF DIABETIC FOOT IN RABTA NATIONAL TEACHING HOSPITAL

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Background Feet lesions are the greatest cause of diabetic consultations in the endocrinology service.

Purpose To evaluate the diabetic foot management in a Tunisian hospital in order to improve patients' quality of life.

Materials and Methods This was a prospective, descriptive study based on documentation regarding 43 cases from the endocrinology service at Rabta hospital over five months. Data collected included: the age of the patient, sex ratio, type of diabetes, duration and type of lesion. The diagnostic examinations selected were: Doppler exploration, standard radiography of the foot, bacteriological sample of pus (applied to 2 patients).The prescribed treatment and the evolutionary aspects were also documented.

Results In our study we present 43 diabetics with foot lesions. Sex ratio (men/women = 3.3), median age 60 years and median length of diabetes 15 years. Traumatic lesions represented 46.68%. The most frequent lesions were gangrene (32.55%), ulcer and painful perforating plantar ulcers (67.45%). The main aetiological factors were peripheral neuropathy (72.09%) and arthritis of the lower limb (30.23%). Osteitis and diffuse atheromatous infiltration were observed in 46.66% of the patients. Samples were taken from two patients. 90.70% of the patients benefited from antibiotic treatment, the most prescribed drugs were amoxicillin + ac. clav (30%), fusidic acid (22%), pristinamycin (22%) and ciprofloxacin (15%). An amputation was performed on 37.20% of the patients

Conclusions Sepsis of the diabetic foot remains one of the most severe complications in Tunisia; it represents a frequent reason for prescribing antibiotics. This encourages strict microbiological investigation to identify the causative germs and the need for perfect observance of the rules of antibiotic prescription.

No conflict of interest.

CPC-054 EVALUATION OF THE USE OF CAPSAICIN PATCHES IN GARCIA DE ORTA HOSPITAL

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Background Capsaicin is commonly used in creams in low concentrations with limited success. More recently it has been formulated in a high concentration patch (8%), indicated for the treatment of peripheral neuropathic pain in non-diabetic adults.

Purpose To evaluate the effectiveness of treatment with capsaicin patches in a group of patients in Garcia de Orta Hospital Pain Unit.

Materials and Methods This retrospective study, which included 30 patients with neuropathic pain, examined data from the last two years. This treatment was done more than once, with a minimum interval of 12 weeks.

The number of treatments and the number of patches, the area affected, the perception of pain, functional capacity and adverse events were evaluated.

Results The mean age was 58.1 ± 16.5, the number of treatments was 2.8 ± 0.7, the number of patches per treatment was 2.4 ± 1.0 with an average cost per treatment of €630.2±€262.6.