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.

**EVALUATION OF THE INTEGRATION OF A CLINICAL PHARMACIST WITHIN A MOBILE MULTIDISCIPLINARY GERIATRIC TEAM**

**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.

1. **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.

**EVALUATION OF THE MANAGEMENT OF DIABETIC FOOT IN RABTA NATIONAL TEACHING HOSPITAL**

**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 evolution of patients 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 (52.55%), ulcer and painful perforating plantar ulcers (67.45%). The main aetiological factors were peripheral neuropathy (72.09%) and arthritis of the lower limb (30.25%). 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 (50%), fusidic acid (22%), pristaminacin (22%) and ciprofloxacin (15%). An amputation was performed on 57.20% 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.

**EVALUATION OF THE USE OF CAPSAICIN PATCHES IN GARCIA DE ORTA HOSPITAL**

**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.

1. 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 €530.2 ±€262.6.
An average reduction of 50.5% was observed in the affected area, a reduction of 24.1% in the baseline pain score, using a Visual Analogue Scale (VAS), and a reduction of 12% in the peak pain score.

Functional capacity had limited improvement.

The most common side effects were application site reactions including intense burning, pain, swelling and erythema. Blood pressure alterations were not noticed.

Conclusions Taking into account the ‘IMMPACT’ recommendations [2], the observed reduction in the VAS score was lower than 30% both in peak and baseline score. This did not translate into a clinically significant improvement.

Given the size of the study sample, the conclusions although interesting, must be confirmed with additional data.

In times of severe budget restraints, health care providers must take into account both the benefits that new treatments bring to patients and the limited resources available in public services.

No conflict of interest.

EVALUATION OF TREATMENT COMPLIANCE IN MULTIPLE SCLEROSIS PATIENTS AND ITS IMPACT ON THE CLINICAL STABILISATION OF THE DISEASE

doi:10.1136/ejhpharm-2013-000276.512

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Background Multiple sclerosis is a degenerative disease in which compliance with therapeutic regimens is extremely important in the clinical stabilisation of disease.

Purpose To evaluate the compliance of patients with treatment and the impact it has on the clinical stabilisation of the disease.

Materials and Methods Data were collected using a patient survey and consulting the hospital computer system. Statistical analysis was done with SPSS. The following data were collected: number of patients, average age, number of outbreaks and management failures in the last six months, reason for failure and flaws in the administration of medicines reported in the survey.

Results The sample (97 patients, mean age 41.73 ± 9.37 years old) was not only representative of the total MS patients followed in Centro Hospitalar Leiria-Pombal (CHLP) but also of the epidemiological data on the disease.

Over the past six months, 18.6% of patients had at least one outbreak. Regarding administration failures, 24.7% of patients admitted to failing to administer their medicines at least once, 45.8% of these failed more than three times.

The main reason for failing to administer the treatment was patient oversight and that represented 48% of total failures.

Conclusions Generally, multiple sclerosis patients followed in CHLP are a group with a great commitment to following their treatment.

There was a significant percentage of people who failed to administer all doses correctly, although there is no statistically meaningful correlation between the failures of management and inventory, with the number of outbreaks that occurred.

Conclusions Generally, multiple sclerosis patients followed in CHLP are a group with a great commitment to following their treatment.

There was a significant percentage of people who failed to administer all doses correctly, although there is no statistically meaningful correlation between the number of outbreaks that occurred, and there was a significant incidence of outbreaks in the last 6 months, suggesting that the disease has a multifactorial nature.

As I see it, the pharmaceutical staff plays an essential role in promoting compliance, which is crucial for stabilising the patients’ clinical condition.

No conflict of interest.

CLINICAL TRIAL PRESCRIBING INCIDENTS

doi:10.1136/ejhpharm-2013-000276.514

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Background It is essential to record incidents in clinical trials (CT) to monitor them appropriately. It is a basic tool to analyse and detect problems.

Purpose To analyse the development in prescription incidents recorded from 2009 to 2011, to identify and resolve quality problems, with the aim of establishing corrective actions to reduce CT problems in a process of continual improvement.

Materials and Methods The most frequent incidents were found in the prescription phase. Data were recorded using the following items: date, person reporting, CT identification, department, professional involved, description of the problem and corrective measures. The evolution of incidents was analysed by chi square.

Results 186 events were recorded in a total of 331 CTs. The most frequent events occurred mainly in the prescription phase (49.0%)
CPC-054 Evaluation of the Use of Capsaicin Patches in Garcia De Orta Hospital

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Eur J Hosp Pharm 2013 20: A184-A185
doi: 10.1136/ejpharm-2013-000276.511

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