followed by dispensing (22.1%), recording (9.6%) and reception (8.6%). The causes of prescribing incidents during 2009, 2010 and 2011 were respectively: no specification that the patient was included in CT (74.2%, 27.1% and 5.3%); incomplete prescription (2.6%, 24.2% and 31.6%), non-adherence to the study protocol (2.6%, 12.2% and 15.8%), incorrect dose (18%, 18.2% and 36.8%) and other causes (2.6%, 18.2% and 10.5%). The percentage of prescription incidents was: 2.01% (n = 1932) in 2009, 1.64% (n = 2012) in 2010 and 0.92% (n = 2050) in 2011. Prescribing incidents decreased significantly in 2011 compared to previous years. In these cases, there was an immediate intervention with a communication to the investigator.

Conclusions To manage the process as the Ethics Committee requires it is essential to have excellent communication and coordination between the pharmacy department and the other professionals involved. Measures taken were: increased electronic prescribing, using a specific application for CT prescribing and communication to researchers. The measures were effective in achieving a reduction in incidents in CT prescribing.

No conflict of interest.

CPC-058 FACTORS ASSOCIATED WITH ANTIRETROVIRAL MEDICINES ADHERENCE AMONG HIV-INFECTED CHILDREN

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Background The aims of highly active antiretroviral therapy (HAART) in HIV-infected children are to achieve and sustain full HIV-RNA viral load (VL) suppression and CD4-reconstitution, in order to prevent the progression of the HIV infection and allow normal growth and development.

Adherence to HAART is a strong predictor of therapeutic efficacy. Previous studies have shown that therapeutic success requires adherence > 95%. Among paediatric HIV patients, adherence to HAART is reportedly suboptimal.

There are a number of factors that can compromise treatment compliance. These can be classified as those related to the medicine, the patient, the family/caregiver and the healthcare system.

Purpose To estimate the correlation between adherence to HAART and treatment efficacy.

To assess factors related to non-adherence among HIV-infected children.

Materials and Methods Retrospective cohort study from January 2008 to July 2012 including all HIV-infected patients on HAART followed by the Paediatrics Department.

Age, sex, lipoatrophy, number of pills/day (P/d) and frequency of daily dosing: once a day (QD) or twice a day (BID), were analysed.

Adherence was assessed by using the pharmacy refill records and pill count, according to the following formula:

Adherence (%) = (N° dispensed doses- N° returned doses)/N° prescribed doses × 100

Undetectable VL was defined as VL < 20 copies/ml.

Data were analysed by multiple logistic regression methods using SPSS software (version 19.0).

Results 24 HIV-infected patients were included (mean age = 15.3 ± 5.5 years; 29.2% male, 70.8% female).

37.5% of patients presented lipoatrophy.

54.2% and 45.8% of the children were treated with a QD and BID regimen, respectively.

Only 50% of patients were considered adherent to treatment (adherence >95%).

The relationship between risk factors and adherence was: see Table

Patients with poor adherence had a higher risk of virological failure (OR = 11.67; CI95 = 1.14–119.54;p = 0.039)

Conclusions Adherence to HAART represents a significant challenge in the paediatric HIV population.

The P/d was significantly associated with adherence. Every pill/day increased up to 2.3-fold the risk of non-adherence to HAART.

Simplifying HAART by reducing the pill burden may contribute to improving compliance in the paediatric HIV population.

Abstract CPC-058 Table 1

Factors	OR	CI 95%	p
P/d	2.323	1.276–5.529	0.048
Sex	0.238	0.018–3.084	0.272
Age	0.858	0.622–1.182	0.348
BID	0.347	0.014–8.716	0.52
QD	0.494	0.030–8.204	0.623
Lipoatrophy	0.591	0.58–6.072	0.658

No conflict of interest.

CPC-059 FIRST GLOBAL ANTIMICROBIAL STEWARDSHIP SURVEY – INTERIM ANALYSIS OF NON-UK EUROPEAN DATA

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Background Antimicrobial stewardship (AMS) has been surveyed at national and continental level, but never at a global level. The European Society of Clinical Microbiology & Infectious Diseases, Guidelines & Policies Working Group (ESGAP) supported a worldwide survey of AMS. This aimed to quantify the delivery & impact of AMS across the world.

Purpose A literature review identified published surveys and standards for AMS. The survey aimed to quantify those aspects of AMS that were being delivered; the barriers to delivery; funding & staffing of AMS; and its impact on financial, safety and resistance outcomes.

Materials and Methods This was an open web-based survey of hospitals via SurveyMonkey software using good practise methodology. It was piloted in 11 countries in 6 continents, refined, then disseminated through microbiology, infectious diseases and pharmacy networks & websites.

Results By the initial deadline, 513 hospitals worldwide & 298 from Europe (including 122 from the United Kingdom (UK)) had entered data.

26 non-UK European countries entered data (range: 1 (many) to 24 (France); average 7; mean 3). 65% of hospitals had AMS standards & 19% were planning them. 74% had an AMS Committee, 58% had an AMS Programme in place & 25% had one planned. Lack of information technology was the main barrier. Antimicrobial or infectious diseases pharmacists were present on 86% of AMS committees. On average, there was 8 hours per week of pharmacist time for AMS from the 75 responses. 80% had an antimicrobial formulary, 69% guidelines, 58% restriction, 40% day 3 review, 50% IV-to-oral switch guidance & 57% had dose optimisation on request. 61% had AMS ward rounds mainly on intensive care & medicine. 34 centres had formally assessed their AMS programmes and had demonstrated reductions in expenditure, broad spectrum & inappropriate prescribing, but no decrease in length of stay or reduction in antimicrobial resistance.

Conclusions AMS appears to be well developed in many parts of Europe, and pharmacists are actively involved in its delivery.

No conflict of interest.