Conclusions Following the recommendations, full dosing in patients commencing treatment was observed.

Those recommendations not followed were due to patients whose treatment was not curative or those where a dose increase would cause a degree of toxicity.

The involvement of the Pharmacist responsible for updating the cytostatic unit led to a change in chemotherapy dosing in obese adult patients.

No conflict of interest.

GRP-141 PHARMACOTHERAPY FOLLOW-UP AND ANALYSIS OF CHANGES IN ANTIRETROVIRAL THERAPY

doi:10.1136/ejhpharm-2013-000276.141

A Camacho Calvente, RM Parés Marimon, J Serrais Benavente, D Ferràndez Martí, R Sala Robinat, C Campabadal Prats, A Perelló Juncà. *Consorci Sanitari de l'Anoia-Hospital d'Igualada, Hospital Pharmacy, Lgualada, Spain*

Background Antiretroviral therapy (ART) has markedly decreased the morbidity and mortality due to HIV. However, toxicity, comorbidity and treatment failure, among others, may result in frequent initial ART regimen change.

Purpose To identify and analyse the changes in ART and the reasons for it in HIV patients over two years of follow-up in our hospital.

Materials and Methods We retrospectively reviewed all patients who attended the outpatients pharmaceutical care unit who received ART during a two-year period (2010–2011)

For each patient whose ART was changed we created a database of pharmaceutical care and recorded and analysed the following data: previous and new treatment, reason for treatment change, viral load, CD4 cell count, resistance profile and differential cost of change.

Results The table below summarises the total of patients reviewed

Abstract GRP-141 Table 1

Period of study	Number of patients in follow-up	Number of patients with treatment changes	Number of treatment changes
2010	111	22 (24.4%)	23
2011	113	14 (15.8%)	16

The most frequent reason for change was adverse reaction to treatment 15 patients (38.4%); the most common were dyslipidaemia (5 cases) and neuropsychiatric disorders (4 cases); the other reasons were simplification of antiretroviral therapy 10 patients (25.6%), treatment failure 4 patients (10.2%), resistance to treatment 4 patients (10.2%) and other causes 6 patients (15.4%) (noncompliance, interactions, cardiovascular risk and unknown).The most common treatment regimens preceding the change were tenofovir/emtricitabine (TDF/FTC) + lopinavir/ritonavir (LPV/r) and tenofovir/emtricitabine/efavirenz (TDF/FTC/EFV) (6 and 5 patients respectively), after the change tenofovir/emtricitabine (TDF/FTC) + darunavir/ritonavir (DRV/r) 600/100 mg was the most usual regimen (7 patients).

The average monthly differences in cost per patient after a change of antiretroviral treatment were 125.5 and 99.0 euros in 2010 and 2011 respectively.

Conclusions The identification and description of the changes in ART can act as a support tool in the overall monitoring of HIV patients.

It should be noted that adverse effects and desire to simplify ART contribute greatly to the reasons for change.

No conflict of interest.

GRP-142 PHARMACOVIGILANCE AND NON-MEDICAL PRESCRIBERS: EXPLORING PERCEPTIONS OF TRAINING, CONTRIBUTION AND POTENTIAL FOR ENHANCEMENT

doi:10.1136/ejhpharm-2013-000276.142

[1]K MacLure, [1]D Stewart, [1]V Paudyal, [2]C Hughes, [3]M Courtenay, [4]J McLay. *[1]Robert Gordon University, School of Pharmacy & Life Sciences, ABerdeen, UK; [2]Queen's University, School of Pharmacy, Belfast, UK; [3]University of Surrey, Health & Social Care, Guildford, UK; [4]University of Aberdeen, Institute of Medical Sciences, Aberdeen, UK*

Background The UK-based process for spontaneous reporting of adverse drug reactions (ADRs), known as the 'Yellow Card Scheme' (YCS), [1] encourages reporting by healthcare professionals, patients and the general public. Poor reporting rates are a long-standing limitation of YCS. [2] The introduction of prescribing rights for pharmacists, nurses and other healthcare professionals has the potential to enhance participation in regulatory pharmacovigilance processes. [3]

Purpose The aim of this research was to determine nurse and pharmacist prescribers' perceptions of their training, contribution and potential for enhancement of their pharmacovigilance role.

Materials and Methods Participants completed an online survey on: prescriber demographics (13 questions); pharmacovigilance training (9); YC reporting (13); attitudes toward ADR reporting (13); comments encouraging YC reporting (4). Nurse prescribers were sampled through the Association of Nurse Prescribers (n = 912); pharmacist prescribers (n = 2439) through professional organisations. Quantitative data were analysed using SPSS; open question responses analysed thematically. Ethical review was not required.

Results Responses were received from 293 nurse (32.2%) and 320 pharmacist (13.1%) prescribers. Asked whether pharmacovigilance featured in their prescribing training, a third 'couldn't remember' (35.6%); nurses indicated greater recall ($p < 0.001$). While a third (34.2%) strongly agreed/agreed that they needed further training, fewer (29.6%) were unsure/did not agree that they were competent in pharmacovigilance. Less than half (41.4%) had never submitted a YC. Pharmacist prescribers were more likely to have reported ($p < 0.001$). A third (35.1%) expressed concern about legal implications of ADRs from their prescribing. Most commonly suggested measures to enhance reporting were publicity and education.

Conclusions Although the response rate was low, respondents provided detailed answers. Respondents felt competent and aware of their pharmacovigilance role with further training indicated. Findings may not be generalisable; no information is available on non-respondents. Increased publicity and education are identified as key measures for enhancing non-medical prescribers', other healthcare professionals' and patients' YC reporting.

Acknowledgements The research team wish to acknowledge and thank MHRA for their funding and also ANP, RPS, NICPLD, NES, CPPE and NPC for their assistance.

References

1. MHRA website. What is the Yellow Card Scheme? At http://yellowcard.mhra.gov.uk/the-yellow-card-scheme/[Accessed October 2010]
2. BMA Board of Science (2006). Reporting adverse drug reactions: A guide for healthcare professionals. London: British Medical Association
3. Tonna AP, Stewart D, West B, McCaig D. Pharmacist prescribing in the UK – a literature review of current practise and research. *J Clin Pharm Ther* 2007; 32: 545–56

No conflict of interest.