

**Conclusions** Pazopanib may be better tolerated than sunitinib, with an acceptable adverse event profile and fewer dose adjustments.

Also, the severity of adverse events looks lower with pazopanib.

However, the number of patients was too small to arrive at definitive conclusions, so it is necessary to enlarge this study.

No conflict of interest.

#### GRP-169 SCREENING FOR CLINICALLY RELEVANT INTERACTIONS IN LIVER TRANSPLANT PATIENTS

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**Background** Drug-drug interactions are a frequent problem in liver transplant (LT) patients, further hindering pharmacotherapeutic management, which is a very important risk to the patient's life.

**Purpose** To detect drug-drug interaction of clinical relevance in LT patients in a tertiary hospital.

**Materials and Methods** Descriptive transversal study of the LT patients in our hospital during 2011 who were admitted to the Digestive Surgery Unit (DSU). Variables analysed were: sex, number of drugs prescribed at admission and number of days of hospitalisation in the DSU. Data were collected from clinical and pharmacotherapeutic histories and the unit dose dispensing log. Drug-drug interactions were detected and analysed by the Micro-medex Healthcare series® database. The results were analysed with the SPSS v.19 statistics software.

**Results** Of a total of 51 transplant patients, we included 44 (5 patients died and in 2 patients the medicines were not recorded at admission to the DSU).

75% of patients were male and 25% female, mean age of patients was  $53 \pm 12$  years. The median number of days in hospital was 11 [9.18] days. The mean number of drugs prescribed on admission was  $11 \pm 2.5$  drugs/patient.

The total number of drug interactions detected was 210 of which 153 (72.9%) were clinically relevant, representing a prevalence of 84.1% of liver transplant patients.

Of the main variables studied, only the number of drugs prescribed was found to be directly proportional ( $p < 0.05$ ) to the number of clinically relevant interactions detected, thus no relationship was obtained between age or the number of days hospitalised.

**Conclusions** Liver transplant patients are critically ill patients with highly complex treatment. A high prevalence of clinically relevant interactions was detected related to polypharmacy and the use of high-risk medicines.

The presence of a pharmacist in this Unit would be beneficial to comprehensively review these patients' treatment.

No conflict of interest.

#### GRP-170 SEARCHING FOR THE CAUSE OF ALLERGIC CUTANEOUS ADVERSE DRUG REACTIONS: RETROSPECTIVE ANALYSIS OF A FIVE-YEAR CLINICAL EXPLORATION IN A SINGLE-CENTRE COHORT

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**Background** Adverse drug reactions on skin affect approximately 2% of patients. Skin and drug challenge tests were performed in the dermatology department to assess these reactions and

pharmacy-compounded drugs were tested through patches, pricks and intradermal (IDR) tests.

**Purpose** To assess the incidence of positive allergic reactions in tested patients and to define the culprit drugs and their potential allergic role in these reactions.

**Materials and Methods** The study was conducted between 2007 and 2010 on patients from our hospital. We collected information on the characteristics of the adverse drug reaction on skin, the drugs tested, the tests performed and their results.

**Results** In the period studied, 220 patients referred by other practitioners (from the hospital or from ambulatory practitioners) for serious cutaneous reactions were tested and 3225 preparations were performed by the pharmacy. 92 patients had an immediate reaction to the drug and 128 had a non-immediate reaction. 64 (29%) patients developed a positive response: 48 (75%) through skin tests (patch, prick and IDR) and 16 (25%) through a Drug Challenge Test (DCT). The drugs most often involved in the positive tests were anti-infectious drugs (46%), paracetamol (16%) and iodinated contrast media (10%).

**Conclusions** The percentage of positive tests in this cohort agrees with the data found in the literature (3–76%). The large difference is due to the variability in patient recruitment.

However, it is difficult to compare these data because the preparation and interpretation of the tests are not standardised.

Allergology tests still improve the care of patients as with negative skin tests and DPTs many patients were able to continue with their treatment.

Manufacturing tests by the pharmacy standardise preparation conditions within the hospital and reduce cross contamination and microbial contamination.

No conflict of interest.

#### GRP-171 SECURING INTRATHECAL INJECTIONS: WHAT ABOUT NON-LUER CONNECTORS?

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**Background** Episodes of accidental injection of medicines intended for intravenous administration into the intrathecal space have been reported worldwide, often leading to death. Since 2001, international guidelines have been issued to prevent such risks. A major recommendation is to develop a non-luer connector to use in neuraxial procedures.

**Purpose** To give an overview of the development and marketing of medical devices fitted with non-luer connectors.

**Materials and Methods** Manufacturers' catalogues have been consulted. A literature review was conducted using the PubMed and Science Direct databases, including the following MeSH keywords 'non luer', 'connectors', 'safety' and 'intrathecal'. European Health Authorities websites have been also consulted. All searches were performed between August and October 2012.

**Results** The United Kingdom, which has been a pioneer in guidance, was the first to implement such connectors. Five different non-luer connectors have been designed thanks to the National Patient Safety Agency (NPSA) initiative. Literature research identified few individual tests of these new devices. Some incidents such as mismatching connectors have been documented. So the NPSA has updated recommendations about introducing secure non-luer connectors. These devices are coming onto the French and Belgian market soon. To our knowledge safety connectors are not yet available in other countries.

**Conclusions** Non-luer connectors for intrathecal drug administration were initially launched in Great Britain. This process obviously