pain and form the basis for communication among healthcare providers, such as General Practitioners, in order to improve appropriate prescribing policies.

No conflict of interest.
Drug information

(5003.2) at the beginning of treatment to 22.12 (5003.1) at the end of the study.

Conclusions Long-term monitoring (almost 6 months) of serum creatinine and urinary proteins is required, as in previous studies conducted, to evaluate the effectiveness of treatment.

References


No conflict of interest.

DGI-051 ORAL ANTI NEOPLASTIC TREATMENT ADHERENCE
doi:10.1136/ehjpharm-2013-000276.317


Background The use of orally administered anticancer treatment has increased dramatically in the last few years. Patient non-adherence to oral antineoplastic treatment is a barrier to effective treatment.

Purpose To estimate adherence and to identify factors that can affect compliance with oral antineoplastic drugs in cancer patients.

Materials and Methods Adult oncology-haematology patients using oral antineoplastic treatments dispensed at the outpatient Hospital Pharmacy from July to September 2012 (three months) were included.

Data was collected to characterise the sociodemographic variables (gender, age), medical diagnosis and oral antineoplastic treatment.

Two questionnaires were used for data collection and filled in during pharmacist-patient interviews.

The Morisky and Green Test evaluates attitudes regarding treatment adherence.

The DUKE-UNC functional social support scale measures the perceived social support. A score ≥52 indicates normal support, and <52 low perceived social support.

The association between qualitative variables studied was evaluated with the chi-square test. Quantitative variables, shown as median and standard deviation, were compared with the student test. The p < 0.05 values were considered statistically significant.

Results 80 patients were included during the study period, 56.66% female. Median age: 65 years (range 24–78).

Antineoplastic oral drugs used: capecitabine (24 patients), imatinib (4), abiraterone and pazopanib (1 case each).

Type of cancer: colorectal (20 patients), chronic myeloid leukaemia (5), breast (2), gastric, GIST, vagina and thyroid (1 case each).

80% adherence was found using the Morisky and Green Test.

Three patients scored below 32 on the DUKE-UNC questionnaire. Patients with positive values (non-adherence) for Morisky and Green test were statistically significantly associated with younger age (p < 0.0666) and low perceived social support (DUKE-UNC < 32) (p < 0.003).

Conclusions Non-adherence to antineoplastic treatment is 20% in our population. Factors related to poor compliance were younger age and DUKE-UNC score below 32.

No conflict of interest.

DGI-053 PHARMACOECONOMIC CONSIDERATIONS REGARDING THE TREATMENT OF CHRONIC HEPATITIS C WITH PROTEASE INHIBITORS
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Background The standard care for chronic hepatitis C is a double treatment that consists of associating ribavirin (RBV) and peginterferon (pegINF) α-2a/2b. New therapeutic agents telaprevir and