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.

DGI-048 NEW ORAL ANTICOAGULANTS: HOW ARE THEY BEING USED?

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Background The expectations raised by the new oral anticoagulants (OACs) have led some experts to view them as the ideal substitute for anti-vitamin K.
Purpose To analyse the use of dabigatran and rivaroxaban in a Spanish tertiary hospital since their inclusion in the formulary to date.
Materials and Methods The period of study was January 2010–September 2012. We carried out a study on the patients prescribed either of the two new OACs included in the formulary. A data collection sheet was designed in which the parameters recorded were: gender, age, indication and observations (if any adverse reaction had been described).
Results In the period January 2010-September 2012, a total of 86 patients (38% male) were treated with rivaroxaban, with a mean age of 66 (21–91)years old; whereas in the period December 2011–September 2012 (dabigatran was included later in the formulary), 55 patients (60% male), with a mean age of 74 (45–93) years, were treated with dabigatran. 84 out of the 86 patients treated with rivaroxaban received it in prophylaxis after having undergone knee or hip replacement. Nevertheless, dabigatran was used mostly in non-surgery patients, only 2 out of the 55 patients were traumatology patients.

Only one minor bleed was reported in one patient diagnosed with atrial fibrillation and treated with dabigatran, and it should be taken into account that this patient exhibited thrombocytopenia at the time the bleeding occurred. No other adverse effects related to the administration of these drugs were found.

To date, the price of these new OACs is more than ten times higher than anti-vitamin K.
Conclusions Despite the fact that the new OACs have been shown as a good option compared to anti-vitamin K, their use in our hospital is still moderate, for two main reasons: their high cost and the uncertainty about their management in critical situations.

No conflict of interest.

DGI-049 OCTEOTRIDE IN GASTROINTESTINAL ANGIODYSPLASIA

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Background Gastrointestinal angiodysplasia (GIAD) may either be asymptomatic or induce overt or occult bleeding with a high risk of recurrence. Numerous therapeutic options are available but an evidence bass is lacking.
Purpose To analyse costs and improve the clinical parameters in patients with GIAD after intramuscular administration of long-acting octreotide (Oc-LAR) 10 mg/month.
Materials and Methods Retrospective observational study from January to December 2011. We reviewed the medical records of patients who were prescribed long-acting Octreotide for GIAD. Clinical data (haemoglobin, vials of iron needed, blood transfusions) and demographic characteristics of the patients were tabulated using Excel. We compared clinical results pre- and post-Oc-LAR use. The x^2 test was used for category variables, and the t-test was used for continuous variables with normal distribution using SPSS statistical software.
Clinical and monetary value were derived from publicly available data. The study perspective was from the hospital management point of view.
Results 17 patients were included in the study, 11 were men and 6 women. The mean age was 75.2 years. The direct costs were €350 per red blood cell transfusion, €167 per iron administration and €694.95 for Oc-LAR.

The mean Hb levels were 9.0 g/dl and 9.6 g/dl ($p < 0.0001$) before and after treatment. Blood transfusions decreased from 1.8 to 1.7 ($P = 0.258$). However iron requirements were higher after treatment started:. 2.5 vials of iron, up from 1.9 ($P = 0.027$). And there was an increase in hospital admissions annually 3.3 vs. 2.3 before treatment ($P = 0.311$). So Oc-LAR use increased the average annual cost per patient by 8,401.6€ without stopping disease progression.
Conclusions Pharmacological treatments are typically considered in refractory cases of endoscopic failure and recurrent bleeding. Oc-LAR seems to be more suitable in terms of efficacy and tolerance according to the bibliography. However, our study shows that Octreotide long-acting formulation treatment was not cost effective and failed to stop the natural evolution of the disease.

No conflict of interest.

DGI-050 OFF-LABEL USES OF MYCOPHENOLATE MOFETIL

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Background The implementing Law 1015/2009 normalises the compassionate use of investigational drugs, access to off-label and unauthorised drugs in Spain.

Mycophenolate mofetil/Mycophenolic Acid (MM/MA) have been used in off-label conditions to treat kidney diseases.[1–5]
Purpose To describe the dose and effectiveness of MM/MA in the treatment of nephritis.
Materials and Methods Observational, cross-sectional study including all patients diagnosed with nephritis treated with MM/MA in off-label conditions during July 2012.

Diagnosis and dose were recorded. Serum creatinine and the value of urinary proteins were collected at the beginning of the treatment and during the month of the study.
Results 22 patients were included, 14 were treated with MA and 8 with MM.

Of the patients treated with MA, 50% asked to be treated for nephritis, 28.6% for lupus and 21.4% for polyarteritis nodosa. (Both the lupus and the polyarteritis nodosa were giving clinical kidney symptoms.)

The usual dosage was every 12 hours (12/14), the most used dose being 360 mg (10/14).

The mean serum creatinine at the beginning of treatment was 1.14 mg/dl (SD .4) and decreased to 0.95 mg/dl (SD 0.3) at the end of the study. The urinary proteins value decreased from 35.4 (SD 7.3) at the beginning of treatment to 26.2 (SD 3.2) at the end of the study.

Of the patients treated with MM 62.5% requested treatment of nephritis and 37.5% of lupus. (The usual dosage was every 12 hours (7/8), the most used dose being 500 mg (3/8), 400 mg (2/8),1500 mg, 1000 mg and 250 mg (1/8).

The mean serum creatinine at the beginning of treatment was 1.35 mg/dl (SD 0.6) and decreased to 1.13 mg/dl (SD 0.5) at the end of the study. The urinary proteins value decreased from 30.11

(SD 8.2) at the beginning of treatment to 22.12 (SD 5.1) 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.

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No conflict of interest.

DGI-051 ORAL ANTINEOPLASTIC TREATMENT ADHERENCE

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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 outpatients 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 ≥32 indicates normal support, and <32 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 30 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 (3), 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 ($p < 0.0366$) 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-052 OUTCOMES WITH THE USE OF NITROFURANTOIN IN RENAL IMPAIRMENT IN PRIMARY CARE – A PILOT STUDY

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Background Nitrofurantoin is probably the agent of choice for urinary tract infections (UTIs), but its use is limited by its lack of efficacy in impaired renal function.

Purpose The British National Formulary says to avoid in patients with renal impairment (estimated glomerular filtration rate [eGFR] <60 ml/min), but the Renal Drug Handbook recommends use if >20 ml/min. This pilot study was to look at which guidance provided the best outcome.

Materials and Methods Patients over 18 years from a single city centre medical practise were reviewed if they had received nitrofurantoin prescriptions and an eGFR had been recorded. Where there was low eGFR, a Cockcroft & Gault Creatinine Clearance (C&G-IBW-ClCr) based on the ideal body weight (IBW) was performed. Outcomes were reviewed. Success was assumed if there were no further antibiotics, no admission to hospital for a related episode or not recorded as still symptomatic on their medical records.

Results Of 164 patients, 37 were reviewed. Average age: 72 (range 21–100); median 80 years. Average eGFR/1.73 m^2 = 73.8 ml/min (range 33–130) and C&G-IBW-ClCr = 55 ml/min (24–127). Of 15 patients with C&G-IBW-ClCr >60 ml/min, none needed further antibiotics or were recorded as still symptomatic.

22 patients with C&G-IBW-ClCr <60 ml/min (average eGFR 61.7 ml/min and CrCl 38.7 ml/min), eighteen (81.8%) had further antibiotics or were recorded as still symptomatic. Only seven patients (31.8%) had an eGFR/1.73 m^2 <60 ml/min. Twelve had further antibiotics, 4 were still symptomatic, 1 went into hospital (unrelated) and 1 went back onto prophylactic antibiotics. No sample stated resistance but 6 samples stated sensitivity. The successfully treated patients had an eGFR of 75, 57, 55, & 53 ml/min /1.73 m^2 & a CrCl of 36, 39, 50 & 53 ml/min.

Conclusions Nitrofurantoin should not be recommended where renal function is impaired. This pilot study shows that eGFR is not a good indicator of renal function, and that CrCl should be used. Over 80% with a CrCl < 60 ml/min needed further treatment. This will progress to a larger study.

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