

(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-CICr) 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-CICr = 55 ml/min (24–127). Of 15 patients with C&G-IBW-CICr > 60 ml/min, none needed further antibiotics or were recorded as still symptomatic.

22 patients with C&G-IBW-CICr < 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