Drug information

(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.

References


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No conflict of interest.

DG1-052 OUTCOMES WITH THE USE OF NITROFURANTOIN IN RENAL IMPAIRMENT IN PRIMARY CARE – A PILOT STUDY
doi:10.1136/ejhpharm-2013-000276.318

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.

Results Of 164 patients, 37 were reviewed. Average age: 72 (range 21–100); median 80 years. Average eGFR/1.73 m² = 73.8 ml/min (range 53–130) 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.

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.

DG1-053 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