models of drug preparation and administration. In hospital A, all drugs were diluted in a minibag under aseptic conditions, while in hospital B, nurses diluted the drug on the wards and administered it through a buretrol device. A cost analysis time & motion study was performed to find out the cost of each practise model; 11.3 Euro/unit in hospital A versus 13 Euro in hospital B. Hospital A used FTZ treatment based on a streaming system & antiobiosis assistance, while in B, use was according to physician approval and a system of switching.

Conclusions This survey has several limitations: the difficulty of accurately reflecting prescribing practises, equipment and patient case mix. Nevertheless, the benchmarking exercise provided valuable data, which can be used to target key areas for cost control and performance.

No conflict of interest.

**OHP-012** ASSESSMENT OF UNIFIED INHALATION GUIDANCE DOCUMENTS FOR DIFFERENT INHALERS AND THE INFLUENCE OF AGE ON INHALATION TECHNIQUE

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**Background** When using an inhaler for asthma or chronic obstructive pulmonary disease, the correct inhalation technique is essential for obtaining the desired effect. However, the development of different types of inhalers has led to inhalation techniques that differ greatly among devices. Therefore, we prepared the ‘Unified Inhalation Guidance Documents’ (UIGDs) in cooperation with hospitals and pharmacies in our region for each available type of inhaler.

**Purpose** To assess the benefits and problems of the UIGD.

**Materials and Methods** A total of 165 Japanese patients who received inhalation therapy from June 2011 to September 2012 were enrolled, and 213 points regarding the inhalation technique with 8 types of inhalers were obtained. The inhalation technique of patients who received guidance based on the UIGD for the use of inhalers was assessed by scoring inhalation skill. In addition, we assessed the impact of age on the acquisition of inhalation technique.

**Results** We found that 86 cases (40.4%) showed problems with inhalation technique. In particular, patients using a Breezhaler (4/5) and Turbuhaler (18/37) had a high rate of problems with their technique. Problems were more frequent in patients aged 65 or over (older) (65/146, 43.2%) compared with other patients (younger) (23/67, 34.3%). In particular, for patients using a Turbuhaler, more older patients (10/14, 71.4%) than younger patients (8/23, 34.8%) had trouble with technique.

**Conclusions** Around 40% of patients who received guidance based on the UIGD for the use of inhaler devices had trouble with their inhalation technique. Therefore, the UIGDs for the Breezhaler and Turbuhaler should be reassessed. Because the use of some types of inhalers was difficult for older patients, developing an inhaler and guidance specifically for older patients should be considered.

No conflict of interest.

**OHP-014** CLINICAL AND FINANCIAL EFFECTS OF THE USE OF A THERAPEUTIC EQUIVALENCE PROGRAMME IN A TERTIARY HOSPITAL

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**Background** A Therapeutic Equivalence Program (TEP) assembles clinically equivalent drugs and defines the best therapeutic alternative included in the hospital’s pharmacotherapeutic guide to drugs not included (DNI).

**Purpose** To measure the clinical and financial impact of a TEP in a tertiary hospital.

**Materials and Methods** Descriptive observational study conducted between November 2011 and January 2012. During the transcription and validation of the prescriptions of clinical units that work with unit-dose drug distribution system, pharmacist applied the TEP and notified the physician of the substitution in writing. The prescription of an unincuded was only retained if there was a clinical justification that made substitution impossible.

The variables collected were: rate of substitution proposals accepted and rejected, justifications for not performing the substitution, cost of the DNI, cost of the therapeutic equivalent per hospital stay and percentage of therapeutic equivalents prescribed at discharge.