OHP-023 DIFFERENCES IN TRAINING REQUIRED FOR HOSPITAL PHARMACY PRACTISE IN FRANCE AND QUEBEC

doi:10.1136/ejhpharm-2013-000276.397

[1]A Guérin, D Merger, E Courbon, ME Métras, D Lebel, JF Bussières. *CHU Sainte-Justine, Pharmacy, Montreal, Canada*

Background During a one-year internship in a Quebec teaching hospital, a group of French pharmacy interns explored the similarities and differences in training.
Purpose To compare the training required for hospital pharmacy practise in France and in Quebec.
Materials and Methods This is a descriptive comparative study. A list of relevant themes was established by consensus after a review of key websites and literature. A panel of three French interns, a Quebec hospital pharmacy resident and two teaching hospital pharmacists was assembled. Similarities and differences for each theme were identified and discussed.
Results Twenty-seven themes were selected with seven similarities and twenty differences between France and Quebec. In both countries, post-graduate training included a selection process, a structured programme with pre-identified topics, lectures and experiential courses. While post-graduate training is perceived as a plus-value, it is not mandatory. Amongst the differences identified, the two post-graduate systems have been offered for a different period of time (1815-France vs. 1961-Quebec), French interns are not working as pharmacists while Quebec residents are, French internship lasts 4 years vs. 16 months in Quebec, French annual scholar fees are lower (500 euros/year vs. 3840 euros/18 months in Quebec), both programmes offers two paths (hospital/industry in France; hospital/community pharmacy in Quebec), French internship locations includes healthcare agencies, laboratories, research units, hospitals while Quebec residency focuses on patient care locations in hospitals/retail pharmacy and admission capacity differs. Other differences were identified in geographic mobility, resident status, obligations and responsibilities, modalities of supervision, compensation, on-call shifts and evaluation.
Conclusions There are significant differences between French and Quebec post-graduate training although both require work in hospital settings. A better understanding of these similarities and differences may contribute to reciprocal improvement of these programmes and favour exchanges between the two countries.

No conflict of interest.

OHP-024 DOSES OF ANTI-TUMOR NECROSIS FACTOR IN CLINICAL PRACTISE: A FOUR-YEAR RETROSPECTIVE STUDY IN ANKYLOSING SPONDYLITIS PATIENTS

doi:10.1136/ejhpharm-2013-000276.398

[1]V Escudero-Vilaplana, [2]E Ramírez-Herraiz, [1]N Trovato-López, [2]E Alañón-Plaza, [1]MJ Bellini, [1]A Herranz-Alonso, [2]A Morell-Baladrón, [1]M Sanjurjo-Sáez. *[1]Hospital General Universitario Gregorio Marañón, Pharmacy, Madrid, Spain; [2]Hospital Universitario La Princesa, Pharmacy, Madrid, Spain*

Background Achieving minimum clinically effective doses could improve the efficiency of treatment with anti-TNF.
Purpose To evaluate the mean dose in ankylosing spondylitis (AS) patients treated with adalimumab (ADA), etanercept (ETN) or infliximab (IFX) in clinical practise and to estimate mean patient-year costs.
Materials and Methods Observational, multicentre, retrospective study performed in two tertiary hospitals. AS patients who received ADA, ETN or IFX from October 2006 to October 2010 were included. Patients could constitute several cases if they received different sequential treatments for at least 6 months. Mean drug consumption was analysed based on individual hospital pharmacy service claims. Demographic data, C-reactive protein (CRP), HLA-B27, axial or mixed AS subtypes, disease activity (BASDAI, BASFI) and concomitant and previous AS treatments were analysed. Associated costs were estimated based on public ex-factory prices including tax (2011 Euros). IFX cost included €110.93 per infusion.
Results 119 patients were included, for a total of 137 cases. No differences were found in recorded variables among groups, except fewer IFX patients (8.2%) had previously received a biological treatment than ETN (25.0%) or ADA (28.6%) patients ($p < 0.05$).

ANCOVA and multivariate regression analysis showed that the only variable to affect patient-year costs was anti-TNF treatment (table 1).
Conclusions Although IFX patients started with a basal PCR lower than ADA patients and a basal BASFI lower than those treated with ETN, no differences were found among groups at the end of the study. IFX doses were higher than ETN doses as a percentage of the label doses.

Abstract OHP-024 Table 1

	ADA	ETN	IFX
Cases	28	48	61
Basal CRP (mg/dl)	2.00*	1.46	0.83
Final CRP (mg/dl)	0.40	0.57	0.92
Basal BASFI	5.1	5.3*	3.7
Final BASFI	3.7	3.7	4.0
% patients achieving BASDAI < 4	60.0%	60.5%	58.3%
Patient-year cost (label doses)	€12,860	€11,846	€13,928
Study mean doses (% of label doses)	37.12 mg/biw (92.80%)	44.39 mg weekly (88.78%)*	5.1 mg/kg/8 wk (101.99%)
Patient-year cost (study clinical practise doses)	€11,934 *	€10,516 *	€14,235

*$p < 0.05$ vs. IFX

No conflict of interest.

OHP-025 DRUG INFORMATION AND THE USE OF A PILLBOX TO IMPROVE SATISFACTION OF PATIENTS TREATED WITH TEMOZOLOMIDE

doi:10.1136/ejhpharm-2013-000276.399

I Escribano Valenciano, JM Caro Teller, I Cañamares Orbis, C García Muñoz, M Campo Angora, JM Ferrari Piquero. *Hospital 12 de Octubre, Hospital Pharmacy, Madrid, Spain*

Background Compliance is sometimes difficult for patients treated with temozolomide, because of the inconvenience due to the high daily number of capsules needed. Studies with other drugs showed that pillboxes increased patient satisfaction.
Purpose To determine if pharmaceutical information and the use of pillboxes may improve satisfaction of patients treated with temozolomide.
Materials and Methods This prospective and interventional study included adult patients who picked temozolomide up in our Hospital Pharmacy (01/03/2012 to 31/08/2012).

In the first visit, patients previously treated with temozolomide completed a satisfaction questionnaire, which was adapted from the ESTAR questionnaire (ARPAS study). It consisted of 9 questions to be answered from 0 (very unsatisfied) to 6 (very satisfied), and another two items about temozolomide information. In addition, pharmaceutical information and pillboxes were provided to all patients.

At their next visit, patients received another questionnaire, with 6 of the previous satisfaction questions and 5 new questions about usefulness of the pillbox and of the received information.
Results 35 patients were evaluated with the first questionnaire (50.69 ± 13.38 years old; 77.14% were treated with ≥3 capsules per dose) and 28 of them filled in the second questionnaire (50.32 ± 12.45