

duration of consultation was 21 minutes. The most frequent topics of consultation: potential drug interactions 36%, correct use of drugs 19%, drug side effects 6.5%, weight loss 6.5%. Pharmacist interventions included the recommendation 'how to use it' 57.4%, replacement and/or discontinuation of drugs 6.4%, diet and lifestyle change 14.9%. The number of patients who visited the consultation centre repeatedly according to the recommendations, was 17 (68%) in 2011 and 13 (59%) in 2012.

**Conclusions** Patient-orientated care in pharmacy consultation centre enables us to prevent the patients from using the drugs incorrectly. Analysis of the data showed a variety of interventions by the hospital pharmacists, who helped patients with their problems by several repeated consultations.

No conflict of interest.

#### OHP-064 PHARMACEUTICAL EXPENSES FOR WELFARE OUTPATIENTS AND POLITICAL REFUGEES IN A PAEDIATRIC ATHENS HOSPITAL, DURING 2011 AND FIRST HALF OF 2012

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**Background** In Greece the expense of public pharmaceuticals (medicines prescribed by hospitals and public insurance funds) in 2009 was 5.1 billion corresponding to 2.4% of GNP, while the corresponding average rate for OECD countries was 1.5%. In 2012 the target is 2.88 billion. In addition, following the country's enrolment in the financial stability mechanism in 2010, the NHS (National Health System) was substantially enlarged because of the increased demand for public health system services while simultaneously there were cuts in NHS financing due to austerity measures.

**Purpose** To record and evaluate the pharmaceutical expenses due to the outpatients covered by Social welfare and the political refugees which all were served by the paediatric hospital pharmacy during 2011 and the first half of 2012.

**Materials and Methods** Information was acquired from the hospital pharmacy computerised data system.

**Results** During 2011, 1250 prescriptions covered by welfare insurance were dispensed, of which 91% concerned children of Greek citizenship, and 9% immigrant children with political refugee documentation (mainly from Nigeria, Iraq, Afghanistan, Ethiopia and Syria).

The total cost was 113,525 euro. The first semester of 2012 830 prescriptions were dispensed costing 96,180 euro of which 86.5% were for children of Greek citizenship and the other 13.5% was for children with refugee status.

#### Conclusions

1. The pharmaceutical expenses concerning children covered by the welfare system and refugee children are increasing rapidly (especially for refugee children)
2. Given the current crisis in Greece, we urgently have to devise an effective policy to control the increasing pharmaceutical expenditure.

No conflict of interest.

#### OHP-065 PHARMACEUTICAL SERVICES IN HOSPITALS IN SERBIA

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**Background** The role of hospital pharmacists is changing worldwide. Pharmacists are becoming more and more involved in the treatment of patients and the provision of pharmaceutical care (PC). Consequently, increased numbers of pharmacists in hospitals are necessary and/or better organisation of traditional activities.

**Purpose** To identify the number and categories of pharmaceutical services and time frame for such activities in order to improve the organisation of pharmaceutical services in hospitals.

**Materials and Methods** The research was conducted in 21 hospital pharmacies out of 61. Data were collected through a questionnaire, which contained 51 pharmaceutical services classified into 12 categories. Services were defined by the Section for hospital pharmacies in Serbia in accordance with the conclusions of the global conference regarding the future of hospital pharmacy (Basel 2008).

Pharmacists were asked if they practise certain types of service, how often and how much time they consume for each service they practise.

**Results** The average number of pharmacists in a hospital pharmacy was two but varied between 1 and 6. A pharmacist provided on average 30 services per day (15–42). On average during workdays pharmacists devoted most of their time to: data processing (28%; 2.1 h), dispensing drugs (23%; 2 h), ordering (12%; 1 h) and supply (10%; 45 min), while the share related to PC was only 8% or 35 minutes per day.

**Conclusions** The results of research showed that supply and storage of medicines are the most frequent and time-consuming activities. Therefore, not enough time is left for patients and PC. Finally, in order to improve pharmaceutical activities in Serbia it is necessary to increase the number of pharmacists in hospitals, consolidate procurement across the region and streamline data processing services.

No conflict of interest.

#### OHP-066 PHARMACOECONOMIC EVALUATION OF FOLLICLE-STIMULATING HORMONE (URINARY VS. RECOMBINANT) IN CONTROLLED OVARIAN HYPERSTIMULATION

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**Background** Controlled ovarian hyperstimulation (COH) is mainly based on management of follicle-stimulating hormone (FSH). FSH may be obtained from the urine of menopausal women (u-FSH) or through recombinant biotechnology (r-FSH).

**Purpose** To conduct a pharmacoeconomic evaluation of different FSH (u-FSH vs. r-FSH) in COH.

**Materials and Methods** We conducted a bibliographic review to compare the efficacy of u-FSH and r-FSH in COH (Database: PubMed, keywords: FSH and COH, randomised and controlled clinical trials, from 2005 to 2011). The efficacy indicators were: progression rate in pregnancy (pregnancy remained at 12 weeks) and the number of mature oocytes obtained. We determined the cost per unit of efficacy (using current Spanish drug prices in 2012) and the incremental cost-efficacy ratio (ICER) with their sensitivity analysis. Setting: Assisted Reproduction unit in tertiary teaching hospital that serves an average of 340 patients per year. Statistical analysis powered by SPSS 15.0.

**Results** We analysed 10 clinical trials in women being treated with COH. The pooled data of the progression of pregnancy was 26.2% (FSH-r) vs. 22.3% (FSH-u) (difference = 3.9%; 95% CI = 1.2–5.9), and the average number of mature oocytes was: 9.0 (FSH-r) vs. 7.1 (FSH-u) (difference = 1.9; 95% CI = 0.7 to 4.1). The cost per pregnancy for r-FSH was €2,832.3 (€1,628.2–€3,754.3) and €2,332.5 (€1,526.1–€2,884.7) for u-FSH, so that the ICER in the pregnancy rate was 128.1 (85.1–147.4). The cost per number of mature oocytes