Materials and Methods The resident validated prescriptions every day, could consult medical files in the Neurology ward and attended medical clinical rounds twice weekly. When a problem was identified in a prescription, the resident discussed it directly with the physician. Every PI was collected using a validated record sheet (Conort et al, J Pharm Clin. 2004).

Results The resident made 95 interventions during the eighteen-week study period. The physician acceptance rate of these recommendations was 92%. The most commonly identified drug-related problems were: inappropriate administration (19%), non-indicated drug (17%) and under dosage (12%). Nervous system drugs (24%), alimentary tract and metabolism drugs (17%) and cardiovascular drugs (14%) were the most frequently involved.

Conclusions The regular presence of the pharmacy resident on the neurology ward enabled him to be well integrated and to become familiar with inpatient specificities in the neurology department. Collaborative working relationships between pharmacists and physicians are the key to success and to reducing the number of potentially inappropriate prescriptions. The high physician acceptance rate is a good indication of intervention relevance. Recurrent problems were identified during this study. Data on interventions were presented to the pharmacy and therapeutic committee.

No conflict of interest.

CPC-006 ADEQUACY OF CRITERIA FOR STARTING NATALIZUMAB IN PATIENTS WITH MULTIPLE SCLEROSIS

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Background Natalizumab is a monoclonal antibody authorised as second-line treatment after failure with interferon beta or in rapidly evolving severe relapsing-remitting multiple sclerosis (RRMS). Due to its high cost and safety profile, the appropriate selection of patients who will benefit most is of paramount importance.

Purpose To evaluate the adequacy of criteria for starting treatment with natalizumab in patients with multiple sclerosis (MS) based on the protocol approved in a tertiary hospital.

Materials and Methods Observational, retrospective analysis of patients treated with natalizumab between 2008 and 2011. Study data were obtained from clinical records.

Results 31 patients were treated with natalizumab, 26 women (83.9%) and 5 men (16.1%). Mean age was 38.8 years (SD = 9.1). Mean time between diagnosis and natalizumab start was 7.8 years (SD = 5.9). 29 patients (93.5%) had RRMS, 1 secondary-progressive MS (SPMS) and the other an intermediate disease between RRMS and SPMS. The mean number of relapses before treatment started was 3.7 (SD = 1.5) and the mean score for the expanded disability status scale was 3.3 (range 1–6). 27 patients (87.1%) had previously been treated with immunomodulatory drugs (interferon beta).

In 4 patients (12.9%) natalizumab was first line treatment. All were diagnosed with rapidly evolving severe RRMS with gadolinium-enhancing lesions in brain magnetic resonance imaging and more than 2 disabling relapses in the previous year. At the end of the study 22 patients continued treatment and 9 had finished. These latter patients were categorised in two groups: short treatment (5 patients, median 24 months).

Conclusions In our population, adequacy of criteria for starting treatment with natalizumab is appropriate and the drug was used for the authorised indications in more than 90% of patients.

No conflict of interest.

CPC-007 ADHERENCE PROBLEMS IDENTIFIED BY MOTIVATIONAL INTERVIEWING AND MEDICINES REVIEW IN STROKE PATIENTS

doi:10.1136/ejhp-2013-000276.464

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Background Poor adherence to secondary prevention medicines occurs frequently in patients suffering a stroke or Transient

Clinical pharmacy and clinical trials

Abstract CPC-005 Table 1

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