

Ischemic Attack (TIA). To improve the adherence of these patients, a complex individualised pharmacist intervention was designed and is being used in an ongoing study investigating the effect on medicines adherence and new stroke events. The present work is a sub-analysis of this study.

**Purpose** To examine adherence-related issues in stroke/TIA patients identified by use of a complex pharmacist intervention including medicines review and motivational interviewing.

**Materials and Methods** The study is being performed at the Neurology Ward and the Emergency Ward, Odense University Hospital, where patients treated for TIA or acute ischemic stroke are randomised to a complex individualised pharmacist intervention or a control group. The pharmacist intervention consists of 3 components: 1) A medicines review focused on potential adherence-related problems followed by recommendations to the ward physicians 2) A motivational interviewing consultation where the content is based on issues raised by the patient 3) A follow-up telephone call one week after discharge with standardised adherence questions to uncover potential non-adherence.

**Results** Twenty-four patients received the pharmacist intervention. Among the topics covered, 7 potential adherence-related problems were identified. Four of the recommendations were accepted by the physicians, 2 were refused and there was no response to one. The issues most commonly addressed in the consultations were change of lifestyle (79%), medicines management (67%) and adverse reactions (58%). Other issues included effectiveness of the medicines (50%), adherence aids (42%) and information about the disease (8%). According to the standardised questions, one patient had adherence problems at the one-week follow-up phone call.

**Conclusions** A complex pharmacist intervention can be used to identify potential adherence-related problems in stroke patients.

No conflict of interest.

#### CPC-008 ADHERENCE, TOLERABILITY AND QUALITY OF LIFE ASSESSMENT IN PATIENTS TREATED WITH TELAPREVIR

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**Background** The addition of NS3/4 protease inhibitors to the standard of care treatment (SoCT) for genotype 1 hepatitis C (pegylated interferon and ribavirin) has increased the treatment response rate as well as the frequency and severity of adverse events (AEs). These may reduce the effectiveness or even cause the discontinuation of treatment.

**Purpose** To evaluate adherence, tolerability and quality of life (QoL) in triple treatment patients (TT) (telaprevir + SoCT) in comparison with SoCT patients.

**Materials and Methods** Observational, prospective study performed in a 780-bed teaching hospital from February to September 2012. Prescription of TT was based on National Spanish Health System recommendations. A printed questionnaire was offered to patients (SoCT or TT) when they started on treatment and was given back three months later. The Questionnaire consisted of three parts: SMAQ (Simplified Medicines Adherence Questionnaire), Side Effects Profile Test (SEPT) (score from 1 to 5) and QoL Spanish version of the Chronic Liver Disease Questionnaire-Hepatitis C Virus (CLDQ-HCV) (score from 1 to 28). Statistical analyses were performed using SPSS 15.0 (non-parametric test).

**Results** A total of 53 hepatitis C patients started drug treatment during the study (26 TT vs. 27 SoCT). We obtained 12 questionnaires on TT (46.1% response rate, median age 52.4 years, 65.5% women) and 10 questionnaires of SoCT (37.0% response rate,

median age 49.3 years, 58.1% women). Only 2 TT (16.6%) were non-adherent and 5 SoCT (50.0%) ( $p = 0.002$ ). Data collected from SEPT showed a mean global score value of 2.2 in TT and 2.3 in SoCT ( $p = 0.356$ ). The CLDQ-HCV mean global score was 15.9 in TT and 14.2 in SoCT ( $p = 0.128$ ).

**Conclusions** Better adherence in TT is probably due to patient expectations and highest motivation for the new drug. Perhaps, this also affects to similar groups rates in SEPT and CLDQ-HCV.

No conflict of interest.

#### CPC-009 ADMINISTRATION OF DABIGATRAN REMOVED FROM THE CAPSULE

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**Background** Dabigatran, an oral anticoagulant classified as a direct thrombin inhibitor, is used for the prevention of stroke and systemic embolism. However, it has limitations in its method of administration; dabigatran should not be removed from the capsule and administered through a tube because of its unstable bioavailability.

**Purpose** To report a case that required dabigatran to be administered through a tube after removal from the capsule.

**Materials and Methods** A 79-year-old Japanese male with normal hepatic and renal function was receiving warfarin for the prevention of systemic embolism due to atrial fibrillation. When he started S-1 treatment as an adjuvant treatment for gastric cancer, PT- and INR levels exceeded the scale. Because this elevation was thought to be due to the interaction between warfarin and S-1, warfarin was replaced with dabigatran. After switching anticoagulants, PT-INR and aPTT stabilised. Subsequently, however, the patient fell and experienced paralysis due to medullary damage. We tried to administer dabigatran through a tube after removal from the capsule while carefully monitoring the blood levels. Although the typical daily dose of dabigatran is 220 mg, the daily dose in the present case was set to 150 mg in consideration of elevated blood concentration due to removal from the capsule. The dabigatran concentration 4 h after the first administration (peak) and before the second and third doses (trough) was measured by ultra-performance liquid chromatography/mass spectrometry.

**Results** The dabigatran concentration was 115.8, 62.45, and 80.05 ng/mL 4 h after the first administration and before the second and third doses, respectively, which is similar to data obtained in a clinical study using healthy Japanese volunteers. aPTT was 38–48 s.

**Conclusions** We were able to administer dabigatran after removal from the capsule through a tube at two-thirds the regular dose and maintain a similar dabigatran blood concentration to that obtained in a clinical study through careful monitoring of dabigatran plasma levels.

No conflict of interest.

#### CPC-010 ADVERSE EFFECTS AND EFFICACY OF ATROPINE 0.3% EYE DROPS IN PREMATURE INFANTS UNDERGOING SYSTEMATIC SCREENING FOR RETINOPATHY: AN OBSERVATIONAL STUDY

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**Background** Systematic retinopathy (ROP) screening using dilated eye examination is currently performed in the neonatal intensive care unit (NICU). In France atropine 0.3% eye drops are currently used as a mydriatic agent, but no systematic assessments of clinical tolerance and efficacy have been described in the literature.

**Purpose** To assess the occurrence of clinical changes in infants at different time periods preceding and following atropine drops and eye examination, as well as the mydriatic efficacy of atropine in this context.

**Materials and Methods** Prospective pilot study, in one NICU (June–September 2012). Atropine 0.3% eye drops (one per eye) were instilled in accordance with French good practise guidelines. Data collection was performed at 3 consecutive periods (P1: H-24 to H0 pre-atropine, P2: H0 to H<sub>24</sub> post-atropine, and P3: H<sub>24</sub> to H48 post-atropine), and included: abdominal distension, number of episodes of regurgitation or vomiting, necrotizing enterocolitis (NEC), somnolence, number of episodes of severe oxygen desaturation (<70%), bradycardia (<100 bpm) and tachycardia (>180 bpm). Assessment of efficacy was based on possibility for screening or not. McNemar's Exact Test and Wilcoxon-signed rank Test were used for the binary and continuous variables respectively. Significance was set at  $p < 0.05$ .

**Results** 18 children were screened (median gestational age at birth 27.2 weeks (IQR: 25.6–28.7), median corrected age 33.3 weeks (IQR: 32.3–34.3)). None of the variables showed a statistically significant difference between P1 and P3. Occurrence of abdominal distension ( $P = 0.03$ ), number of tachycardia ( $P = 0.05$ ) and oxygen desaturation events ( $P = 0.03$ ) were more frequent in P2 than in P1. No differences were found in the occurrence of other variables between P1 and P2. No NEC was diagnosed. Effective pupillary dilatation was obtained in 78% of cases.

**Conclusions** Our study suggests that atropine is an efficient mydriatic agent for ROP screening dilated eye exam in preterm neonates. Type and timing of the symptoms in our study suggest systemic muscarinic effects of atropine. A reduction in the concentration of the atropine eye drops could improve tolerance.

No conflict of interest.

#### CPC-011 AN AUDIT OF THE ADULT NUTRITION SUPPORT TEAM IN THE MANAGEMENT OF REFEEDING RISKS IN A UK TEACHING HOSPITAL

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**Background** In June 2010 a report, 'A Mixed Bag – An enquiry into the care of hospital patients receiving parenteral nutrition', was published by the National Confidential Enquiry into Patient Outcome and Death (NCEPOD). They reviewed 870 adult case notes and found inadequate assessment and monitoring in 54% and metabolic complications in 40% of patients.

**Purpose** In early 2011 the adult nutrition support team (NST) wrote the clinical guidelines on the prevention and management of refeeding syndrome. The aim of this audit was to evaluate the impact of the NST in the management of refeeding risks in adult patients who required parenteral nutrition (PN).

**Materials and Methods** Adult PN records from April 2011 to March 2012 were assessed retrospectively by NST members using the NCEPOD Parenteral Nutrition Audit Tool. Microsoft Excel spreadsheets were used to record information on assessment and management of refeeding risks.

**Results** 259 PN records were reviewed. 54% (140/259) patients were assessed and monitored by NST and 44% (114/259) by critical care teams. The NST found a risk of refeeding syndrome in 31.4%

(44/140) of patients prior to starting PN. The non-medical prescribers (NMPs) of the NST prescribed intravenous electrolyte infusions to 88.6% (39/44) of patients who were at high refeeding risk (see Table 1). Four patients had BMI less than 16 kg/m<sup>2</sup>. The NMPs prescribed the lowest calorie feed (1250 ml Nutriflex Peri 5.7) and the infusion rate was reduced by 50% for the first two days in order to minimise metabolic complications.

**Conclusions** All adults referred to the NST for parenteral nutrition were reviewed and assessed for refeeding risk. The NMPs prescribed a range of intravenous electrolyte infusions to 88.6% of patients who were at high refeeding risk. This proactive prescribing approach by NMPs prevented the development of metabolic complications associated with low electrolyte levels prior to starting PN.

#### Abstract CPC-011 Table 1

Pre-PN electrolyte serum levels	Patient number (%)
Magnesium less than 0.7 mmol/L	18 (46.1%)
Phosphate less than 0.8 mmol/L	11 (28.2%)
Potassium less than 3.5 mmol/L	4 (10.3%)
Potassium and Magnesium below minimum levels	6 (15.4%)

No conflict of interest.

#### CPC-012 AN ITALIAN COST-EFFECTIVENESS ANALYSIS OF PACLITAXEL ALBUMIN (NAB-PACLITAXEL) VS. CONVENTIONAL PACLITAXEL FOR METASTATIC BREAST CANCER PATIENTS: THE COSTANZA STUDY

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**Background** Paclitaxel albumin (nab-paclitaxel) is a nanoparticle albumin-bound paclitaxel formulated with the aim of increasing the therapeutic index in metastatic breast cancer (MBC). When compared to conventional paclitaxel, nab-paclitaxel has reported longer time to progression, higher response and overall survival, lower incidence of neutropenia, no need for premedication and a shorter time of administration.

**Purpose** To investigate nab-paclitaxel's cost effectiveness vs. conventional paclitaxel for MBC patients in Italy.

**Materials and Methods** A Markov model with progression-free, progressed, and dead states was developed to estimate costs, outcomes and quality-adjusted life-years (QALYs) over 5 years from the Italian National Health Service (INHS) viewpoint. Patients were assumed to receive nab-paclitaxel 260 mg/m<sup>2</sup> 3-weekly (q3w) or conventional paclitaxel 175 mg/m<sup>2</sup> q3w. Data on health care resources consumption was collected from a survey performed on five Italian centres. Resources were valued at Euro (€) 2011. Published utility weights were applied to health states to estimate the impact of response, disease progression and adverse events on QALYs. Three sensitivity analyses tested the robustness of the base case incremental cost-effectiveness ratio (ICER).

**Results** Compared to conventional paclitaxel, nab-paclitaxel gains an extra 0.165 QALYs (0.265 life-years saved) and incurs additional costs of €2505 per patient treated. This translates to an ICER of €15,189 (95%CI: €11,891; €28,415).