(2) Is treatment modification or close monitoring necessary? (3) Is it reasonable to prohibit the use of any supplement?

**Purpose** To explore and study those determinants that need to be taken into account when managing drug/supplement interactions.

**Materials and Methods** Taking the results of our previous study as a basis we have systematically evaluated the literature and the available authentic databases.

**Results** There are significant differences between the databases we have looked at, as to which interactions are present in the system, and how broad a spectrum of active ingredients is included when a known case of interaction occurs.

We identified the following factors, which have to be taken into account when evaluating a potential interaction:

- type of underlying evidence (in vitro studies, case reports, clinical trials, etc.)
- which form of a given interacting substance has been reported on (species, plant-part, type of extract, etc.) and whether this component is present in the product
- mechanism and dose dependence of the interaction
- which patient groups are more likely to develop symptoms due to the interaction

We evaluated 155 components found in supplementary products by the listed criteria, then assessed the relevance and classification of interactions.

**Conclusions** Special software, that contains all the recommended criteria we have set up, could become an effective tool for preventive screening of interactions on hospital admission.

**Reference**

No conflict of interest.

**GRP-047** **CREx AND ORIONE ANALYSIS IN AN HOSPITAL PHARMACY: A SIX-MONTH REVIEW**

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**Background** Prevention of medication errors has led to improved safety of the drug use system. Experience feedback committees (Comités de Retour d’Expérience, CRex), in particular, can help health professionals to improve the quality and safety of drugs management.

**Purpose** To set up a CREx in our pharmacy, in order to record, analyse and correct precursor events.

**Materials and Methods** Medication errors are collected on a report form. Once a month, these errors are reported to CReX and the staff select the event that will be discussed in the next CReX meeting. The ORION method, based on experience acquired in aeronautics, was selected to analyse how the CReX should operate. The systemic analysis is divided into 5 steps, performed by a pilot trained in the method and presented during CREx. The five steps are: collect the data, rebuild a chronology of facts, identify any gaps, contributing and influential factors, propose corrective measures and write the analysis report.

**Results** From April to September 2012, 61 dysfunctions were reported. 19 were actual and 42 were potential errors. Among these errors, 47.5% related to prescription, 21% to dispensing, 21% to inventory management, 7% to administration, 1.7% to validation and 1.7% to preparation. Five of these errors were analysed in CReX (ORION method). Ten corrective measures were proposed, 6 of which were actually implemented. We noted an increase in the number of dysfunctions reported, from 4 dysfunctions reported in April to 22 in September.

**Conclusions** CReX is well established in our pharmacy, taking place once a month, with representatives of all pharmacy staff. After six months, CREX has enabled 6 corrective measures to be implemented (creation or modification of procedures, modification of medicines management, etc.). It has also enabled pharmacy staff to understand the importance of reporting and analysing medication errors.

CReX is thus an approach to sustain in order to improve the safety of the drugs use system.

No conflict of interest.

**GRP-048** **CYTOXIC DRUGS WITH THE POTENTIAL TO PROLONG THE QT INTERVAL**

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**Background** Regulation No. 175/CD/8.1.7. from the Portuguese Authority of Medicines and Health Products (INFARMED), issued on 2 August 2012 and titled ‘Ondansetron – dose constraint for discharge letter in 82% (2010) versus 77% (2012). 30% of patients with diabetes and/or obesity consulted a dietician or diabetologist in 2010 versus 44% in 2012. Last, 68% of smokers received a nicotine substitute in 2010 and 35% in 2012.

**Conclusions** Our work shows that the recommendations are generally well respected. This may explain why, despite successive changes of junior doctors, practise has changed little during this study. However, further action will be required concerning management of CVRFs, which is still less satisfactory.

No conflict of interest.