

**CPC-026** **BENEFITS OF INCLUDING THE CLINICAL PHARMACIST AS A MEMBER OF THE HEALTH TEAM IN THE NEUROLOGICAL CLINIC**

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**Background** Hospital pharmacists are necessary members of the health team in neurological clinics, to implement rational treatment. Hospital pharmacists are qualified by their knowledge of modern organic approaches to the pharmacotherapy of neurological disorders.

In neurological patients, medicines regimens are frequently very complex; specialised calendars or dosing tables and verbal counselling, could be of great benefit to patients. Recording the pharmacotherapeutic history, the efficiency of direct neurological examinations, evaluation of treatment, counselling and provision of drug pharmacokinetic consultations, are the tasks of hospital pharmacists.

**Purpose** To survey neurological patients on the current method of providing health care.

**Materials and Methods** Patients were given a questionnaire. They stated that health professionals often objectively do not have enough time for detailed conversations, either in hospital or in pharmacies.

**Results** The results indicated that an additional member of the health care team is needed, who would be involved in monitoring treatments targeted on the disease, drug interactions, as well as educating patients about medicines. The most revealing answers were:

1. Would the inclusion of a hospital pharmacist in charge of the neurological disorders improve your treatment? 12% DO NOT KNOW, 14% NO, 64% YES.
2. Are you in compliance with treatment? 17% YES, 27% DO NOT KNOW, 66% NO.
3. Do you think that you needed more information about the disease and the treatment received? 71% YES, 12% DO NOT KNOW, 17% NOT.

**Conclusions** This study aimed to draw attention to new needs in the health system of Montenegro as the health systems develop. The importance of hospital pharmacists has already been identified, and we anticipate that this and future studies on this topic improve health care in this region.

No conflict of interest.

**CPC-027** **CARDIOVASCULAR RISK PROFILE OF A SPANISH HIV-INFECTED COHORT ON ANTIRETROVIRAL THERAPY AND THE EFFECT OF PROTEASE INHIBITORS**

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**Background** There is evidence that antiretroviral therapy (ART) increases cardiovascular risk (CVR). The use of protease inhibitors (PIs), specially indinavir and lopinavir/ritonavir, has been associated with a higher incidence of myocardial infarction.

**Purpose** To characterise the CVR profile of an HIV-infected cohort on ART from the northwest of Spain. To determinate the effect of exposure to protease inhibitors (PIs) and exposure time (ET) to ART in CVR.

**Materials and Methods** Cross-sectional study including HIV patients on ART who were treated at our hospital between March and May 2012. We recorded demographics, ART history and CVR risk factors. CVR was estimated using the Framingham function calibrated for the Spanish population (REGICOR). CVR categories

were: low (<5%); intermediate (5–9%); high (10–14%); very high (>15%). Five PI exposure groups were defined: a) no PI exposure (NoPI); b) exposure to PIs but not indinavir or lopinavir/ritonavir (IPnoINDnoLPV/r); c) exposure to indinavir (IND); d) exposure to lopinavir/r (LPV/r); e) exposure to indinavir and lopinavir/r (IND+LPV/r).

**Results** 89 HIV patients were included in the study (83.1% males, mean age 47.4 ± 7.8 years). Smoking prevalence was 51.7%, hypertension 39.3%, dyslipidaemia 24.7%, low HDL cholesterol 67.4%, diabetes 4.5%. Mean global CVR was 4.01% ± 2.50. The proportion of patients with a low CVR was 70.8%; intermediate 25.8%; high 2.2%; very high 1.1%. Mean CVR according to PI exposure was 4.06 ± 2.60 (NoPI); 3.52 ± 2.29 (IPnoINDnoLPV/r); 5.05 ± 2.99 (IND); 3.50 ± 2.28 (LPV/r); 4.29 ± 1.50 (IND+LPV/r). Significant differences were found when we compared the group IND with the groups IPnoINDnoLPV/r (P = 0.02) and LPV/r (P = 0.03). The effect of ET was significant only for indinavir exposure (P = 0.02).

**Conclusions** Our HIV population presents low CVR. Smoking, hypertension and low HDL cholesterol are the outstanding modifiable risk factors in our cohort. Indinavir exposure and ET to indinavir increases CVR in our population, but no differences were found with lopinavir/r or other PIs.

No conflict of interest.

**CPC-028** **CENTRALIZED THERAPY REVIEW: DEVELOPMENT AND VALIDATION OF A SCREENING TOOL TO DETECT POTENTIAL INTERVENTIONS**

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**Background** The Centralized Therapy Review study (CenTRe study), a prospective observational study carried out in the pharmacy dept. from University Hospitals Leuven in 2011[1], showed that for almost 1 in 4 prescriptions potential interventions containing treatment corrections or pharmacotherapeutic advice could be made by the dispensing pharmacist.

Based on these findings, the development and validation of a standardised screening tool to retrieve potential interventions during drug dispensing is the obligatory second step in the implementation of Centralized Therapy Review in routine daily practise.

**Purpose** To develop and validate the CenTRe 2 list, a standardised screening tool, used at the level of drug distribution, to review prescriptions and retrieve potential interventions in a standardised way.

**Materials and Methods** The CenTRe 2 list was developed by consensus by a team of ten clinical pharmacists, the CenTRe group. It is mainly based upon findings from the CenTRe study, supplemented with evidence from the literature [2–22].

Content was validated using the content validity index method [23–25] by a panel of experts (4 clinicians specialising in pharmacology, intensive care and geriatrics and 8 pharmacists who were not member of the CenTRe group).

Inter-rater reliability was calculated using Cohen's kappa statistic [26]. A case format was used: all potential interventions retrieved by 12 pharmacists, which screened 20 treatment regimens using the CenTRe2 list, were compared with a gold standard.

**Results** The CenTRe 2 list retained 8 topics as valid (I-CVI  $\kappa^* = 0.75$  and S-CVI/ave = 0.95) and passing the inter-rater reliability test ( $\kappa_{\text{average}} = 0.92$  and 0.73;  $\kappa_{\text{median}} = 0.93$  and 0.72).

**Conclusions** The CenTRe 2 tool is a valid and reliable tool for screening treatment regimens for potential interventions in a standardised way. A prospective observational study, using the CenTRe 2 tool, has been conducted to establish its utility in optimising patient treatment.

No conflict of interest.