Evidence for the treatment of hepatitis C genotype 1. They are used in combination with ribavirin and peg-interferon to increase the response to treatment.

Materials and Methods
We undertook a prospective observational study from November 2011 to October 2012 of patients who started treatment with boceprevir and telaprevir. Patients were monitored for 12 weeks after initiation of triple therapy. We also analysed the incidence of adverse effects during treatment. The data collected were: age, sex, grade of fibrosis, type of patient, baseline viral load, and viral load at weeks 4, 8 and 12. The data were consulted in the medical records of patients through the IMDHv.50 programme.

Results
A total of 31 patients were followed up, eight treated with boceprevir and 23 with telaprevir. The median of age was 60 years. Regarding the type of patient, 10 were treatment naïve, 9 were relapsers, 7 non-responders, 4 presented side effects in previous treatment and 9 were partial non-responders. The median viral load was 2,662,000 IU/ml. At week 12, undetectable viral load was found in 26 (83.8%) patients (6 in the boceprevir group and 20 in the telaprevir group). Five patients (16.1%) had to discontinue treatment, four (12.9%) had >1000 IU/ml at week 12 and one (3%) due to pancreatitis. Adverse events observed during treatment are shown in the table.

Conclusions
The data show an early decrease in the viral load of patients treated with triple therapy, becoming undetectable by week 12 in most cases. The side effects differed from those described in clinical trials, so more studies and post-marketing pharmacovigilance are needed.
Abstract CPC-045 Table 1

<table>
<thead>
<tr>
<th></th>
<th>Boceprevir</th>
<th>Telaprevir</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thrombocytopenia</td>
<td>3</td>
<td>10</td>
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<tr>
<td>Anaemia</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>Asthenia</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Skin Lesions</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Pruritus</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Vitreous Detachment</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Pancytopenia</td>
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<td>1</td>
</tr>
</tbody>
</table>

No conflict of interest.

CPC-046 EPIDEMIOLOGY, SYMPTOMS AND CHEMOTHERAPY OF IMPORTED MALARIA AT MOHAMMED V MILITARY TEACHING HOSPITAL IN RABAT, MOROCCO

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Background In Morocco, since the neutralisation of the last outbreak of Plasmodium vivax in 2004, only imported malaria cases have been recorded, the majority from sub-Saharan Africa. At Mohammed V Military Teaching Hospital in Rabat, patients are mostly military, often called to perform missions in malaria endemic areas.

Purpose To report the incidence, origins, symptoms and treatment of malaria at Mohammed V Military Teaching Hospital.

Materials and Methods A prospective study performed from 1 January 2000 to 15 November 2009. All patients who had travelled to a country where malaria is endemic and diagnosed positive for Plasmodium spp in our hospital were included. The data collected concerned the epidemiology, symptoms, diagnosis and treatment of malaria.

Results 145 patients had a thick blood smear positive for malaria parasites. 54% were Moroccan, the sex ratio Male/Female was 1.76 and the age varied from 6 to 60 years with a median of 34 years. Countries at the origin of the infection were classified in zone 3 in 97% of cases. The drugs most selected concerned the epidemiology, symptoms, diagnosis and treatment of malaria.

Conclusions This study allowed us to better understand the profile of our malaria patients in order to improve their management in our hospital.

No conflict of interest.

CPC-047 EPILEPSY MANAGEMENT FROM THE CLINICAL PHARMACIST’S POINT OF VIEW AMONG EPILEPSY OUTPATIENTS IN THE EASTERN HUNGARIAN DATABASE

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Background Epilepsy may need chronic medical treatment throughout life. This is why, besides epileptologists, clinical pharmacists also have an important role in the evaluation of effectiveness, tolerability, side effect, drug interaction, teratogenicity of antiepileptic drugs (AEDs).

Purpose To investigate how the cooperation of epileptologists and clinical pharmacists influence compliance and the effect of AEDs on the quality of life.

Materials and Methods We analysed 60 parameters of 1845 adult outpatients with epilepsy in the Eastern-Hungarian Database at the Department of Neurology, between 1992–2011. The clinical pharmacist collected and analysed data from 1015 men and 830 women that were related to epilepsy treatment. For statistical analysis the ‘STATISTICS for Windows’ programme was used.

Results The mean age was 49.3 years. Seventy-seven patients had idiopathic and 1768 symptomatic or cryptogenic epilepsy. During the examination period 1517 patients took antiepileptic treatment: 71% monotherapy, 21% dual therapy and only 8% polytherapy. Thirty-eight percent of the patients were on carbamazepine and 14% valproate monotherapy. Seventeen percent of the patients were seizure-free on levetiracetam, lamotrigine or oxcarbazepine monotherapy at least for one year. The ratio of side effect was 7.8%. Eighty-eight patients gave birth, 70 of whom took AEDs during the organogenesis. No minor or major developmental disorders were observed, although there was one spontaneous miscarriage. At the start of the study a surprisingly high proportion of the patients (36.2%) received concomitant treatment affecting the CNS that could also influence the AEDs metabolism. After carefully analysing the patient’s history and symptoms, we could decrease the use of the co-medication (diazepam, antidepressants, minor and major tranquillisers, alprazolam) to 14.6% of the patients. The compliance was good in 78.7% of the patients.

Conclusions The data of Epilepsy Database analysis may give useful information in clinical practise, not only for epileptologists but clinical pharmacists too. Individually-planned monotherapy decreases the side effects and improves the quality of life in patients with epilepsy.

No conflict of interest.

CPC-048 ESTABLISHING THE ROLE OF THE PHARMACIST IN AN INPATIENT ANTIocoAGULATION MANAGEMENT SERVICE IN BELGIUM

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Background The complexity of the management of vitamin K antagonist (VKA) treatment has led to the development in many countries of anticoagulant management services (AMS) which provide patient education and good family physician communication in a systematic and coordinated fashion. In Belgium, there is only limited experience in AMS.

Purpose To determine the impact of a pharmacist-provided anticoagulation management programme (AMP) aiming at improving patient education and communication with the family physician.

Materials and Methods This was a prospective cohort study including consecutive inpatients newly initiated on VKA in an urban teaching tertiary care hospital. Patients and general practitioners were interviewed by phone shortly after discharge by using a standardised questionnaire to evaluate the quality of patient education and the quality of discharge reports before (usual care) and after implementation of a pharmacist-provided AMP. The AMP provided structured patient education and a standardised discharge report for family physicians.