Clinical pharmacy and clinical trials

and drug related problems (DRPs) from medicines reviews (MRs); and benefits for patients and healthcare professionals (HCPs).

Methods and Methods
The report builds mainly on studies, mini-audits and questionnaires. Four master thesis/projects completed in 2012 in our region studied the IMM model in hospital and primary care. Two mini-audits were conducted during 2012 as benchmarking of daily activities and recording of MRs. Three questionnaire surveys were conducted; one investigating clinical pharmacists’ experiences with the model, the second exploring the attitudes of and usefulness for HCPs and the third was a patient satisfaction survey.

Results
Up to 70% of patients had one or more discrepancies between the drug lists in hospital and at home. Most discrepancies were due to drug(s) missing in the drug history. On average 2.1 DRPs per patient were identified and acted upon. Most DRPs were classified as: need for additional treatment and choice of drug/dose not appropriate. HCPs and pharmacists rated the service highly (5.1–5.5 on a 6-point scale) with regard to patient benefits and usefulness for HCPs.

Conclusions
The model has been successfully implemented in hospitals in Central Norway. Further research will be needed to investigate end points such as reduced length of hospital stay and time to readmission. We plan to provide a more extensive service to all patients in our region, also in the community.

No conflict of interest.

EVALUATION OF THE MANAGEMENT OF DIABETIC FOOT IN RABTA NATIONAL TEACHING HOSPITAL
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Background
Feet lesions are the greatest cause of diabetic consultations in the endocrinology service.

Purpose
To evaluate the diabetic foot management in a Tunisian hospital in order to improve patients’ quality of life.

Materials and Methods
This was a prospective, descriptive study based on documentation regarding 45 cases from the endocrinology service at Rabta hospital over five months. Data collected included: the age of the patient, sex ratio, type of diabetes, duration and type of lesion. The diagnostic examinations selected were: Doppler exploration, standard radiography of the foot, bacteriological sample of pus (applied to 2 patients). The prescribed treatment and the evolutionary aspects were also documented.

Results
In our study we present 45 diabetics with foot lesions. Sex ratio (men/women = 3.3), median age 60 years and median length of diabetes 15 years. Traumatic lesions represented 46.68%. The most frequent lesions were gangrene (32.55%), ulcer and painful perforating plantar ulcers (67.45%). The main aetiological factors were peripheral neuropathy (72.09%) and arthritis of the lower limb (30.25%). Ostotic and diffuse atheromatous infiltration were observed in 46.66% of the patients. Samples were taken from two patients. 90.70% of the patients benefited from antibiotic treatment, the most prescribed drugs were amoxicillin + ac. clav (30%), fusidic acid (22%), pristinamycin (22%) and ciprofloxacin (15%). An amputation was performed on 57.20% of the patients.

Conclusions
Sepsis of the diabetic foot remains one of the most severe complications in Tunisia; it represents a frequent reason for prescribing antibiotics. This encourages strict microbiological investigation to identify the causative germs and the need for perfect observance of the rules of antibiotic prescription.

No conflict of interest.

EVALUATION OF THE USE OF CAPSAICIN PATCHES IN GARCIA DE ORTA HOSPITAL
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Background
Capsaicin is commonly used in creams in low concentrations with limited success. More recently it has been formulated in a high concentration patch (8%), indicated for the treatment of peripheral neuropathic pain in non-diabetic adults.

Purpose
To evaluate the effectiveness of treatment with capsaicin patches in a group of patients in Garcia de Orta Hospital Pain Unit.

Materials and Methods
This retrospective study, which included 30 patients with neuropathic pain, examined data from the last two years. This treatment was done more than once, with a minimum interval of 12 weeks.

The number of treatments and the number of patches, the area affected, the perception of pain, functional capacity and adverse events were evaluated.

Results
The mean age was 58.1 ± 16.5; the number of treatments was 2.8 ± 0.7; the number of patches per treatment was 2.4 ± 1.0 with an average cost per treatment of €630.2 ± €262.6.

No conflict of interest.