

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

Materials 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 completed during 2012 as benchmarking of daily activities and recording of MEs. 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.

CPC-052 EVALUATION OF THE INTEGRATION OF A CLINICAL PHARMACIST WITHIN A MOBILE MULTIDISCIPLINARY GERIATRIC TEAM

doi:10.1136/ejhp-2013-000276.509

¹A Passanisi, ²A Coenen. ¹Centre Hospitalier du Bois de l'Abbaye et Hesbaye, Pharmacy, Seraing, Belgium; ²Centre Hospitalier du Bois de l'Abbaye et Hesbaye, Geriatric Unit, Seraing, Belgium

Background In any general hospital, the number of elderly patients admitted in wards other than geriatric wards is steadily rising. The 'Centre Hospitalier du Bois de l'Abbaye et de Hesbaye' gets the benefit from a mobile second-line multidisciplinary team whose mission is to contribute to provide medical specialists and their staff with general geriatric principles and multidisciplinary expertise. The inclusion of a clinical pharmacist in this multidisciplinary team is an effective way to optimise the quality and the efficacy of elderly patient health care.

Purpose To evaluate the impact of including a clinical pharmacist within the mobile multidisciplinary geriatric team on the efficacy of pharmaceutical care.

Materials and Methods Two different working methods of the clinical pharmacist were compared in order to evaluate her inclusion in the geriatric team.

The first method, used from 1 July to 31 December 2011, evaluated the treatments and the interventions provided by the clinical pharmacist.

The second method, used from 1 January to 30 June 2012, was identical to the first one except that the interventions provided by the clinical pharmacist were taking into account the observations made by the multidisciplinary team.

Results From 1 July to 31 December 2011, 187 interventions were made for a total of 78 elderly patients. From 1 January to 31 May 2012, 202 interventions were made for a total of 75 elderly patients.

Following the inclusion of the clinical pharmacist within the multidisciplinary team we observed an improvement in the efficacy of pharmaceutical care with an increase of 12% in the number of interventions.

Conclusions The inclusion of a pharmacist within the mobile multidisciplinary geriatric team enables him/her to make better use

of his/her expertise and to improve his/her analysis, improving patient health care.

No conflict of interest.

CPC-053 EVALUATION OF THE MANAGEMENT OF DIABETIC FOOT IN RABTA NATIONAL TEACHING HOSPITAL

doi:10.1136/ejhp-2013-000276.510

¹M Razgallah Khrouf, ²M Turki, ³A Louhaichi, ³M Guerfali. ¹Hospital the "Rabta", Pharmacy, Tunis, Tunisia; ²Departement of Pharmacology, Pharmacology, Monastir, Tunisia; ³Hopital La RABTA, Pharmacy, Tunis, Tunisia

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 43 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 43 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 (30.23%). Osteitis 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 37.20% 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.

CPC-054 EVALUATION OF THE USE OF CAPSAICIN PATCHES IN GARCIA DE ORTA HOSPITAL

doi:10.1136/ejhp-2013-000276.511

P Tavares Almeida, A Alcobia. Hospital Garcia de Orta, Pharmacy, Almada, Portugal

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 $\text{€}630.2 \pm \text{€}262.6$.

An average reduction of 50.5% was observed in the affected area, a reduction of 24.1% in the baseline pain score, using a Visual Analogue Scale (VAS), and a reduction of 12% in the peak pain score.

Functional capacity had limited improvement.

The most common side effects were application site reactions including intense burning, pain, swelling and erythema. Blood pressure alterations were not noticed.

Conclusions Taking into account the 'IMMPACT' recommendations [2], the observed reduction in the VAS score was lower than 30% both in peak and baseline score. This did not translate into a clinically significant improvement.

Given the size of the study sample, the conclusions although interesting, must be confirmed with additional data.

In times of severe budget restraints, health care providers must take into account both the benefits that new treatments bring to patients and the limited resources available in public services.

No conflict of interest.

CPC-055 EVALUATION OF TREATMENT COMPLIANCE IN MULTIPLE SCLEROSIS PATIENTS AND ITS IMPACT ON THE CLINICAL STABILISATION OF THE DISEASE

doi:10.1136/ejhp-2013-000276.512

Al Rodrigues, AF Fernandes, R Marques. Centro Hospitalar Leiria-Pombal E.P.E., Pharmacy Department, Leiria, Portugal

Background Multiple sclerosis is a degenerative disease in which compliance with therapeutic regimens is extremely important in the clinical stabilisation of disease.

Purpose To evaluate the compliance of patients with treatment and the impact it has on the clinical stabilisation of the disease.

Materials and Methods Data were collected using a patient survey and consulting the hospital computer system. Statistical analysis was done with SPSS. The following data were collected: number of patients, average age, number of outbreaks and management failures in the last six months, reason for failure and flaws in the administration of medicines reported in the survey.

Results The sample (97 patients, mean age 41.73 ± 9.37 years old) was not only representative of the total MS patients followed in Centro Hospitalar Leiria-Pombal (CHLP) but also of the epidemiological data on the disease.

Over the past six months, 18.6% of patients had at least one outbreak. Regarding administration failures, 24.7% of patients admitted to failing to administer their medicines at least once, 45.8% of these failed more than three times.

The main reason for failing to administer the treatment was patient oversight and that represented 48% of total failures.

The largest number of administration failures was observed in patients treated with Interferon B 1b 8 MIU (66.7%).

86.6% of patients had administered their medicine correctly.

In this group of patients, there is no statistically meaningful correlation between the failures of management and inventory, with the number of outbreaks that occurred.

Conclusions Generally, multiple sclerosis patients followed in CHLP are a group with a great commitment to following their treatment.

There was a significant percentage of people who failed to administer all doses correctly, although there is no statistically meaningful correlation with the number of outbreaks that occurred, and there was a significant incidence of outbreaks in the last 6 months, suggesting that the disease has a multifactorial nature.

As I see it, the pharmaceutical staff plays an essential role in promoting compliance, which is crucial for stabilising the patients' clinical condition.

No conflict of interest.

CPC-056 EVOLUTION IN DRUG RELATED PROBLEMS IDENTIFIED IN PHARMACIST NOTES AT THE EMERGENCY DEPARTMENT, HILLERØD HOSPITAL DENMARK

doi:10.1136/ejhp-2013-000276.513

¹DV Tomsen, ¹MB Jensen, ¹LG Gammelgaard, ²L Christrup. ¹Region Hovedstadens Apotek, Apoteksenhed Nord, Hilleroed, Denmark; ²University of Copenhagen, Pharmacology, Copenhagen, Denmark

Background 'Pharmacists in the Emergency Department' is a two-year implementation project carried out in collaboration between the pharmacy of Capital Region and the Emergency Department (ED) at Hillerød hospital. The task of the pharmacist is to draw up a current and valid medicines history and to make a medicines review before the physician sees the patient at the ED. During the first year of the project the interventions developed gradually while the professional skills and clinical experience of the pharmacists built up.

Purpose To describe the evolution of the interventions recommended when Drug Related Problems (DRPs) are identified, as described in the pharmacist's notes.

Materials and Methods 5 samples of pharmacist's notes were recorded. The samples represent the interventions made in the 2 first weeks of each quarter of 2011 and the first quarter of 2012. This showed the development in interventions made by pharmacists. The interventions were coded based on 8 categories of DRP introduced by Hepler and Strand. In total 383 pharmacist's notes were analysed.

Results In all 549 DRPs were identified. 70–80% of the pharmacist's notes contained one or more DRP. On average 1.4 DRPs were identified per note. During the first 15 months of the project the DRPs recorded evolved as follows: The number of comments tended to increase in the categories "inappropriate choice of drug", "overdose", "adverse drug events" and "medicine without reasonable indication". The number of comments identified in the category "interactions" decreased. The categories "untreated indication", "subtherapeutic dosing" and "inappropriate use by the patient" were stable throughout the study period.

Conclusions When introducing a new pharmaceutical service one must expect a gradual evolution of the interventions as the pharmacist gradually develops hands-on-competencies and clinical experience on the particular ward. After 12 months, the findings in the pharmacist notes were stable. This must be taken into account when introducing new pharmaceutical services in the clinic.

No conflict of interest.

CPC-057 EVOLUTION OF CLINICAL TRIAL PRESCRIBING INCIDENTS

doi:10.1136/ejhp-2013-000276.514

¹Larrode, ¹A Idoipe, ²S Bernabé, ¹O Pascual, ¹M Uriarte, ¹J Real. ¹Servet, Pharmacy, Zaragoza, Spain; ²Instituto Aragonés Ciencias Salud, Pharmacy, Zaragoza, Spain

Background It is essential to record incidents in clinical trials (CT) to monitor them appropriately. It is a basic tool to analyse and detect problems.

Purpose To analyse the development in prescription incidents recorded from 2009 to 2011, to identify and resolve quality problems, with the aim of establishing corrective actions to reduce CT problems in a process of continual improvement.

Materials and Methods The most frequent incidents were found in the prescription phase. Data were recorded using the following items: date, person reporting, CT identification, department, professional involved, description of the problem and corrective measures. The evolution of incidents was analysed by chi square.

Results 186 events were recorded in a total of 331 CTs. The most frequent events occurred mainly in the prescription phase (49.0%)