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.

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**EVALUATION OF THE INTEGRATION OF A CLINICAL PHARMACIST WITHIN A MOBILE MULTIDISCIPLINARY GERIATRIC TEAM**

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**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.

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

2. 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.

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**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.

**Results** The mean age was 56.1 ± 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.
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 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, heath 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.

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

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. 45.8% of these failed more than three times.

No conflict of interest.