

CPC-060 FOLLOW-UP OF PATIENTS TREATED BY PROLONGED-RELEASE OLANZAPINE IN A PSYCHIATRIC HOSPITAL

doi:10.1136/ejpharm-2013-000276.517

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Background Olanzapine is an atypical antipsychotic. Available in France since 2010, olanzapine pamoate (OP) is a prolonged-release suspension for intramuscular (IM) injection. OP is effective in the treatment of schizophrenic patients previously stabilised by oral olanzapine, and has been developed to improve compliance in these patients. In France, the injection must be performed in a psychiatric hospital department with 3-hour monitoring due to the potential 'post-injection syndrome' associated with OP.

Purpose To review the use and safety of OP since it became available in our hospital in May 2011.

Materials and Methods Retrospective study conducted from June 2011 to October 2012 in our 750-bed psychiatric hospital. Analysis of dispensing of long-acting IM antipsychotics: number of patients treated by olanzapine, risperidone and haloperidol. Analysis of OP prescriptions: number of patients, dosage and dose adjustment, treatment duration. Analysis of clinical data: diagnosis, treatment initiation and disruption, post-injection monitoring (blood pressure, heart rate, conscious state) and safety (other adverse events).

Results During the study period, 511 patients were treated by long-acting IM antipsychotics: 43% by haloperidol, 53% by risperidone and 4% by OP. OP was administered to 19 schizophrenic patients, mainly not compliant. In accordance with recommendations, a monthly dose of 405 mg was prescribed initially for 4 patients, 300 mg per 2 weeks for 1 patient, maintenance dosage after 2 months for 7 patients. 4 patients had only 1 injection. 3 patients required doses adjustments. 9 treatment disruptions were recorded during the study period for several reasons: care disruption, lost to follow-up, fear of injections. For the 10 patients currently treated, average treatment duration is 8 months. Post-injection monitoring data are collected on a special report form. Monitoring is performed for all injections in clinical departments. Altered consciousness has been reported in 1 patient during the 3 hours post-injection period without blood pressure or heart rate abnormalities and with normal vigilance 3 hours later. This suspected post-injection syndrome was notified to the pharmacovigilance services. Apart from this event, OP has been well tolerated.

Conclusions OP prescription is less frequent relative to other long-acting IM antipsychotics, probably because of its recent availability, physicians' reluctance due to the risk of post-injection syndrome and requirement for hospitalisation and monitoring in the psychiatric department. This monitoring is strictly observed and reported in our hospital using our special form. Only one mild adverse effect was reported but confirms the importance of post-injection monitoring and continuing follow-up. OP is an additional therapeutic option for schizophrenic patients with poor compliance.

No conflict of interest.

CPC-061 GLOBAL ANTIMICROBIAL STEWARDSHIP SURVEY – ANALYSIS OF UK RESULTS

doi:10.1136/ejpharm-2013-000276.518

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Background Antimicrobial Stewardship (AMS) has been in existence since the early 1990s.

Purpose To measure the extent and components of global efforts in AMS.

Materials and Methods A 43-question survey was developed and tested using robust survey methodology, then refined – piloting in 11 countries across 6 continents – and disseminated worldwide.

Results Responses from the UK: 109 England, 10 Scotland, 9 Wales & 3 Northern Ireland. Within the UK, 101 (79%) have an Antimicrobial Stewardship Programme (ASP). The main barriers are lack of information technology and lack of personnel. In the 22 (17%) that plan to develop an ASP the main barrier is lack of funding. Main ASP objectives were to reduce healthcare-acquired infection (91%), improve outcomes (57%), resistance (47%) and reduce prescribing (46%). 70% have an AMS policy, 92% a formulary, 88% specific treatment and 83% prophylaxis guidance for all areas. AMS rounds exist in 86%, resulting in reductions of antimicrobial (ATM) use in 36%, increases in 14% and no change in 50%.

Restriction of some ATMs occurs in 92% of hospitals: 84% restrict carbapenems, 88% quinolones, 91% cephalosporins. In 64% the pharmacy follows up. 12% practise diversity of ATMs and 5% cycle ATMs. 92% of ASPs report antimicrobial usage; 31% link these data to resistance rates and 33% to infection rates. Only 6% have electronic prescribing for all patients.

The intranet is the most common communication method, followed by credit card, booklet, poster then smartphone app. All educate staff, mainly by with face to face induction followed by written information.

Of the 33% who have formally reviewed their ASP, 100% (15) showed reduction in inappropriate prescribing, 76% (19) in broad spectrum antibiotics use, 71% (15) in expenditure, 91% (21) in healthcare-associated infections, 50% (3) in length of stay & 54% (7) in resistance.

Conclusions Despite inherent limitations (e.g. response bias, unselected institutions, etc.), this survey suggests AMS can reduce antimicrobial resistance and expenditure, and should encourage a strategy to promote worldwide ASPs.

No conflict of interest.

CPC-062 HEPATITIS C AND ADHERENCE

doi:10.1136/ejpharm-2013-000276.519

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Background Good adherence to hepatitis C treatment seems necessary to obtain a successful treatment, increasing sustained virological response (SVR) rates.

Purpose To assess the adherence to chronic hepatitis C treatment.

Materials and Methods The study was descriptive, retrospective and observational. Patients with chronic hepatitis C, who were being treated with peginterferon and ribavirin or monotherapy with peginterferon in 2011, were selected. Data collected were: age, drug dispensed, duration of treatment, pretreatment, co-infected status (HIV, HBV), haemophilia status, genotype and viral load at the beginning and the end of treatment. Adherence was calculated taking into account the number of medicines dispensed and the dates.

Results Of the 113 patients included (102 adults, 11 children) 110 patients were treated with ribavirin and peginterferon. The other three patients were treated with only peginterferon. There were 32 patients with HIV co-infection and three haemophiliacs. The average adherence of 112 of patients was 103%; one patient had less than 85% adherence. The genotype 1 patients (n = 54) had a mean duration treatment time of 35.5 weeks and a mean adherence of 103%. The genotype non-1 patients (n = 59) had a mean duration of treatment of 28.3 weeks and 104% adherence. The SVR of patients with genotype 1 and non-1 were 50% and 60% respectively.

Conclusions There was a high rate of adherence to treatment because it has a definite time course. Adherence was greater than