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Counting (MA ratio = real/theoretical doses taken). One point (+1 point score) was attributed for MA if: Irb >20 ng/ml or UR >4 nmol/mmol or last dose had been taken <24 h before visit or MA ratio >80%. Three MA levels were assigned: low MA (score <2), intermediate MA (score +3), and sufficient MA (score +4).

Results Only 82 patients were sufficiently adherent: 46 and 36 patients among the AB and RB groups, respectively. 52 had intermediate MA (23 and 29, respectively); 30 had low MA (15 and 17, respectively) (inter-groups difference NS). Patients with low MA were younger than sufficient MA patients (50 ± 11 vs. 56 ± 10 yrs, p < 0.011); no difference was ascribed to gender or dASBP (152 ± 14 vs. 148 ± 12 mmHg, p = 0.16). Other clinical characteristics did not differ except the glomerular filtration rate: lower among adherent patients than MA patients (95 ± 25 vs. 107 ± 28 ml/min, p < 0.02).

Conclusions We propose a score of 3 MA levels (low, intermediate, sufficient) based on 4 complementary quantitative and qualitative methods. A combination approach is essential to balance imprecision of observed data. There were no differences in major clinical characteristics between groups. Further comparisons into each group of treatment and longer duration of treatment might be necessary to observe a significant differential effect among MA groups. Therapeutic education sessions could be useful for RH patients who undertake complex treatment.

No conflict of interest.

CPC-067 IMPACT OF A MULTIDISCIPLINARY TEAM ON THE PROPER USE OF CARBAPENEMS: BEFORE/AFTER SURVEY AT TENON HOSPITAL

doi:10.1136/ejhpharm-2013-000276.524

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Background The optimization of antibiotic therapy has become a major issue. Indeed, the evolution of bacterial resistance requires prescribers to reserve use of antibiotics and especially carbapenems. Various bodies have made recommendations to improve antibiotic regimens and thus preserve the effectiveness of these major antibiotics. At Tenon Hospital, a multidisciplinary unit was created in May 2011. It includes clinicians, bacteriologists, hygienists and pharmacists. Meropenem and ertapenem were already controlled whereas imipenem and doripenem were given without restrictions before May 2011.

Purpose To assess the impact of this new organisation, a study compared the requirements for carbapenems before and after the antibiotic management team was created.

Materials and Methods All patients who received at least one dose of carbapenem were included. Bacteriological and biological characteristics of each patient were found. The compliance of each prescription with the available guidelines was assessed studying the duration of treatment, dose and indications. Two periods were defined: the first between January 2009 and September 2010 and the second between June 2011 and May 2012.

Results Duration of the treatment was the single criteria that had changed for ertapenem and meropenem. The impact of this team is greater for the prescriptions of doripenem and imipenem. Establishment of that team shortened the duration of treatment: 2 days for doripenem and 4 days for imipenem. The number of unjustified prescriptions of imipenem decreased from 45% to 5% for empirical treatments and from 51% to 20% for documented treatments.

Conclusions Reduced length of treatment is important and reduces the selection pressure. This explains why carbapenem-resistant bacteria have been isolated only four times in the past year. Results obtained are similar to those obtained in two Parisian hospitals.

No conflict of interest.

CPC-068 IMPACT OF OPTIMISING PRESCRIPTIONS TO REDUCE THE RISK OF FALLS IN ELDERLY PEOPLE

doi:10.1136/ejhpharm-2013-000276.525

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Background The increase in life expectancy increases the risk of falls, leading to dependence and death. Some studies have shown a link between inappropriate prescriptions and falls.

Purpose The main objective of this study was to evaluate if we could reduce falls and potentially readmissions by optimising the prescription of drugs in elderly people.

Materials and Methods From May to December 2011, we enrolled patients admitted for falls in a geriatric post-acute care unit.

The increase in life expectancy increases the risk of falls, leading to dependence and death. Some studies have shown a link between inappropriate prescriptions and falls. The main objective of this study was to evaluate if we could reduce falls and potentially readmissions by optimising the prescription of drugs in elderly people.

Materials and Methods From May to December 2011, we enrolled patients admitted for falls in a geriatric post-acute care unit.

Conclusions The findings of this study indicate that older patients, those who stay less time in hospital and those who receive more new drugs on discharge need to get more counselling about their treatment. Serbian pharmacists can take a proactive role for these patients.

No conflict of interest.
Clinical pharmacy and clinical trials

The results of this study suggested that falls were more frequent among patients living at home, work needs to be done to secure elderly people’s houses. The importance of inappropriate prescriptions on fall events was also underlined. Falls occurred because of multifactorial mechanisms: inappropriate home fittings, sarcopenia, neurodegenerative diseases and inappropriate medicines. One way of reducing the risk of falling in elderly people is to improve the medication.

No conflict of interest.

CPC-070 IMPLEMENTATION OF A CLINICAL PHARMACY AND MEDICINES DISPENSING SERVICE IN A CHEMOTHERAPY DAY TREATMENT UNIT

doi: 10.1136/ehjpharm-2013-000276.528

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Background Cancer patients at the Oxford University Hospitals NHS Trust receive the majority of their chemotherapy treatments as day case patients. The clinical pharmacy service provision to patients receiving chemotherapy did not move with the patients from the inpatient to the day case setting. The lack of clinical pharmacy provision to the day treatment unit (DTU) resulted in medicines wastage and an increase in nursing time to educate patients on their medication.

Purpose The pharmacy service to the DTU was reconfigured to provide a clinical pharmacy and medicines management service, and to dispense medicines as pre-packs at the patients’ bedside.

Materials and Methods One pharmacist and half of a technician were funded from cost savings to implement the new service. Medication record cards were developed for each supportive regimen as a counselling aid to patients. A patient satisfaction survey was undertaken prior to initiating the new service, and two months after initiation. Drug expenditure and medicine wastage savings were recorded prior to and two months after implementation of the service. A satellite pharmacy was set up to dispense medicines next to the DTU. A trolley was used to dispense pre-packs at the bedside. Data was collected prior to and two months after initiation of the new service to assess patient satisfaction, impact on nursing time, medicines wastage and savings.

Results It was anticipated that approximately £25,000 (€31,000) per month would be saved on medicines wastage. Patients were very satisfied with the new service. The service resulted in a reduction in nursing time of 37.5 hours/week. The results of the service impact after two months will be presented.

Conclusions The DTU pharmacy service ensures medicines optimisation, reduces medicines expenditure, and improves the quality of patient care. Patients receiving chemotherapy as inpatients always benefited from a clinical pharmacy service, so it is appropriate to provide this service in the day case setting.

No conflict of interest.

CPC-071 INCIDENCE AND CAUSES OF CAPECITABINE DOSE ADJUSTMENT IN COLON CANCER PATIENTS

doi: 10.1136/ehjpharm-2013-000276.528

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Background Capecitabine is indicated in colon cancer alone or in combination. Recommended posology is calculated with reference to the body surface area (BSA) and pharmacotherapeutic regimen, although adjustments can be made if drug-related toxicity occurs.

Purpose To describe the incidence of capecitabine dose adjustment in colon cancer patients (CCPs). To analyse the reasons for this adjustment.

Materials and Methods Retrospective observational study of 49 CCPs treated with capecitabine with at least 3 cycles of 14 days from June 2011 to February 2012. Data were collected from the dispensary and medical history. The severity of the toxicity was classified according to the CTCAE v.4.

Results Forty-nine patients were enrolled: 25 male, average age of 61 (64–82), average BSA of 1.75 m². Most of them presented ECOG0 (26 patients) at the beginning of the treatment, followed by ECOG1