A RETROSPECTIVE SURVEY OF PATIENT OUTCOMES AFTER SWITCHING INTRAVENOUS IMMUNOGLOBULIN

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**Background** The market place for human immunoglobulins is constantly evolving and reacting to instability of supply of the raw material. This has meant new products emerging as well as old products being replaced or withdrawn.

The NHS ‘Demand Management Plan’ has stabilised the UK market and helped to ensure adequate supplies. This plan also included a national contracting process and this has led to more cost-effective products becoming available.

These issues have led to two occasions when a complete product switch of the IVIg patient population was undertaken at Southend Hospital NHS Trust.

**Purpose** To assess the level of significant adverse effects, resulting in product discontinuation, seen during two IVIg switches in 2009 and 2011.

**Materials and Methods** The hospital pharmacy system was used to identify all IVIg patients.

Patient notes were requested for review.

Each patient’s entry on the UK IVIg database was reviewed.

**Results** 68 patients completed a total of 98 switches.

2 patients were unable to continue with the alternative IVIg product. Both were receiving monthly IVIg infusions for multiple myeloma. Both experienced headaches and flu-like symptoms post-IVIg infusion after being switched to Octagam 10% and were subsequently returned to their previous product, Intratect.

**Conclusions** The switching of IVIg products is typically not encouraged. However there is a very little recently published literature that discusses the problems encountered when switching these products. The quality and relevance of what is available is variable and often relates to non-UK products.

This retrospective survey indicates that comprehensive IVIg switch programmes can be undertaken with a low level of patient disruption.

<table>
<thead>
<tr>
<th>IVIg switch</th>
<th>Patient numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intratect to Octagam 10%</td>
<td>17</td>
</tr>
<tr>
<td>Octagam 5% to Intratect</td>
<td>1</td>
</tr>
<tr>
<td>Octagam 5% to Intratect to Octagam 10%</td>
<td>1</td>
</tr>
<tr>
<td>Vigam to Octagam 10%</td>
<td>1</td>
</tr>
<tr>
<td>Sandoglobulin to Octagam 10%</td>
<td>2</td>
</tr>
<tr>
<td>Sandoglobulin to Intratect to Octagam 10%</td>
<td>29</td>
</tr>
<tr>
<td>Sandoglobulin to Intratect</td>
<td>17</td>
</tr>
</tbody>
</table>

No conflict of interest.
Conclusions  SEAM enables hidden costs associated with dysfunction to be re-allocated to activities with much higher professional added value. It is an attractive approach to monitor the time needed to transform our low-quality clinical pharmacy services into a competitive environment of modern and reactive Pharmaceutical Care services.

No conflict of interest.

**ADHERENCE AND NUMBER OF TABLETS IN ANTIRETROVIRAL TREATMENT**

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**Background** Antiretroviral efficacy is closely related to the degree of adherence

**Purpose** To determine the adherence to highly active antiretroviral therapy (HAART) in HIV-infected patients with once-daily dosing regimens, depending on the number of tablets.

**Materials and Methods** Two-month observational study (May–June 2010) of selected patients on HAART who collected medicines in the pharmacy with the following inclusion criteria: adult patients on HAART for more than a year, who were not included in any clinical trials, mentally competent and who obtained the medicines exclusively in our LEU.

The SMAQ survey was used to assess adherence. Adherence data, along with the number of tablets and demographic characteristics of the patients were tabulated and analysed using Excel.

**Results** 223 patients were included in the study. 39.5% (n = 88) had once-daily regimens. 72 were men and 16 women. The mean age was 44.3 years and 7.35 years on HAART. The mean adherence was 67.05%.

The study population was divided into two groups: one tablet (OT) (n = 49) and two or more tablets (MT) (n = 59). Baseline characteristics were homogeneous in the two groups. However adherence rates were 71.42% vs. 61.54% respectively (p = 0.3268). Adherence data, side effects and demographic characteristics of the patients were tabulated and analysed using Excel. The x2 test was used for categorical variables and the t-test was used for normally-distributed continuous variables using SPSS statistical software.

**Conclusions** Simple dosing regimens facilitate adherence to HAART. In our study we found that OT patients were more adherent than MT patients. Although the difference in adherence was not statistically significant, we believe that this difference may have high clinical impact on controlling the disease.

No conflict of interest.

**ADHERENCE TO TYROSINE KINASE INHIBITOR THERAPY IN CHRONIC MYELOID LEUKAEMIA**

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**Background** Improved survival associated with tyrosine kinase inhibitor (TKI) treatment has transformed chronic myeloid leukaemia (CML) into a long-term disease, but therapeutic success is challenged with poor medicines adherence. Controlling side effects in combination with patient education that includes direct communication between the pharmacist and the patient are essential components for maximising the benefits of TKI treatment.

**Purpose** To estimate the adherence to oral chemotherapy and describe side effects with TKI treatment and their impact on adherence in patients with CML.

**Materials and Methods** An 18-month retrospective observational study (from January 2011 to June 2012) was made on patients diagnosed with CML in which patients were selected who collected medicines in the pharmacy and who were being treated with selected TKIs (imatinib, dasatinib, nilotinib).

The SMAQ interview was used to determine adherence. Adherence data, side effects and demographic characteristics of the patients were tabulated using Excel. The x² test was used for categorical variables and the t-test was used for normally-distributed continuous variables using SPSS statistical software.

**Results** 25 patients were included in the study. 16 were men and 9 were women. The mean age was 60 years (25–88). Imatinib was the first line treatment for all patients. The average adherence was 62.5%.

Adherence for patients younger than 50 years was 83.3% and in older patients was 55.6% (p = 0.125). Relating to years of treatment: less than 4 years 70.0% but for longer treatment 57.1% (p = 0.521). Patients with side effects showed less adherence: gastrointestinal disorders (60.0% vs. 64.28%, p = 0.402), musculoskeletal pain (70.0% vs. 42.8%, p = 0.188).

**Conclusions** Data suggest that more than one-third of patients are poorly adherent to TKI treatment. Identifying risk factors such as side effects, and educating patients on the need to take...