

**Purpose** We aimed to describe the incidence of neuropsychiatric disorders in a cohort of HCV-infected patients treated with interferon and ribavirin, and their impact on treatment adherence and viral response rate (SVR).

**Materials and Methods** Data from a cohort of HCV patients who visited an outpatient pharmacy service (OPS) included all adult patients mono-infected with HCV who had completed treatment in 2010. Monitoring of neuropsychiatric disorders was assessed at weeks 0, 4, 12, 24, 48, and 72 through the self-administered questionnaires Hospital Anxiety and Depression Scale (HADS) and General Health Questionnaire (Goldberg). Adherence to treatment was assessed by counting drugs dispensed and patient reporting. Virological response was determined by the physician according to standard criteria.

**Results** Of the 76 patients included, 19 (25%) had a pre-existing psychiatric disorder, mostly depression and anxiety. The incidence of medically-confirmed neuropsychiatric disorders was 33% (n = 25), with a peak of abnormal results in the tests in week 12. Patients with and without pathological scores did not differ in baseline characteristics, except for pre-existing psychiatric disorder [60.0% vs. 7.8%, respectively (p < 0.001). Antidepressants and/or anxiolytics were prescribed to 48% of patients with medically confirmed disorders (n = 12). Overall, 43% of patients achieved an SVR. Strict adherence (96% vs. 90%; p = NS) and SVR (39% vs. 52%; p = NS) were similar in patients with or without medically confirmed disorders.

**Conclusions** Patients often develop neuropsychiatric disorders during interferon therapy. Neuropsychiatric side effects had a non-significant effect on adherence to treatment and attainment of SVR. Multidisciplinary monitoring provided during the treatment of hepatitis C can contribute to early detection and management of neuropsychiatric disorders and to improve integrated patient care.

No conflict of interest.

#### GRP-122 NON PERSPECTIVES OF HOSPITAL PHARMACISTS' ROLE IN COMMUNICATING PHARMACEUTICAL POLICY TO HEALTHCARE PROFESSIONALS AND PATIENTS IN GREECE

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**Background** Given the burden of unfortunate economic conditions in Greece, hospital pharmacists find themselves at the crossroads of different approaches to patient treatment options, trying to ensure the patient gets the best treatment from both the financial and medical point of view.

**Purpose** To highlight the importance of hospital pharmacists' role in the 'communication chain' within and beyond the hospital.

**Materials and Methods** Everyday practise experience (e.g. frequently asked questions) at the hospital including communication with patients, doctors and the hospital administration has been taken into account in addition to the Hellas Health IV survey (sample size: 1008 persons).

**Results** Everyday experience shows that the majority of patients don't really understand why there is a change (e.g. generic substitution) in their treatment and they insist on it not being changed. The survey showed that 63% didn't know the meaning of generic medicine and only 26% of those who knew were sufficiently informed to realise that the generic version is therapeutically equivalent to the original brand.

**Conclusions** It is important for hospital pharmacists to be aware of developments in health care communication, for example to be able to recommend on-line resources to patients about the

treatment of their disease and use of generic drugs. Moreover they have to develop and improve the required skills in medical and financial issues as they are important stakeholders in the chain of health promotion in the hospital.

No conflict of interest.

#### GRP-123 NON FORMULARY DRUG MANAGEMENT – ABSURD OR REASONABLE?

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**Background** Non-formulary drugs are prone to cause medication errors due to their less common use in the daily routine on the ward. Therefore non-formulary drug (NFD) management in the hospital pharmacy includes checking the dose and indication which is usually very time consuming. In 2010 the drug information centre had to deal with 12,903 prescriptions for NFDs.

**Purpose** Loss of relevant drug information at the interface between pharmacy and ward has been observed in some cases. Therefore a survey was performed to detect information gaps. Did the pharmacist's recommendation reach the medical staff?

**Materials and Methods** During a period of four weeks all NFD prescriptions were documented concerning the type of medicine. If a treatment-relevant intervention (e.g. dose correction) was made the trainee pharmacist visited the ward to clarify if the pharmacist's advice was received. In addition the medical staff were interviewed about the general procedure of information transfer within the ward staff.

**Results** 1158 NFDs were ordered. Out of these 261 required extensive action with pharmacist intervention. 256 interventions were accepted on the ward and only 5 were rejected. In only one case out of these the pharmacist's information had to be resupplied to the ward as it had not reached the staff. The survey showed a very high acceptance (98.1%) of the drug information provided. 83 drugs within the ATC Code "antibiotics for systemic use" were particularly counselling-intensive. Dosing problems were the most frequent drug-related problem (52). Information transfer within the ward turned out to be highly inhomogeneous.

**Conclusions** The pharmaceutical advice offered to the ward was accepted to a very high percentage. To prevent information loss on the ward a standardised system for information transfer amongst the staff needs to be established.

No conflict of interest.

#### GRP-124 NON-BIOLOGICAL COMPLEX DRUGS AND THEIR REGULATORY APPROACH – OF CONCERN FOR HOSPITAL PHARMACISTS AND MEDICINES MANAGEMENT?

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**Background** Intended copies of originator medicinal products (MPs) are categorised as generics or biosimilars (complex large molecular biological MPs) with distinct regulatory pathways for marketing authorization. In recent years, a new category of non-proteins and non-biotech-derived MPs has emerged, the non-biological complex drugs (NBCDs) comprising IV iron