Conclusions Pazopanib may be better tolerated than sunitinib, with an acceptable adverse event profile and fewer dose adjustments.

Also, the severity of adverse events looks lower with pazopanib. However, the number of patients was too small to arrive at definitive conclusions, so it is necessary to enlarge this study.

No conflict of interest.

**Screening for Clinically Relevant Interactions in Liver Transplant Patients**

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**Background** Drug-drug interactions are a frequent problem in liver transplant (LT) patients, further hindering pharmacotherapeutic management, which is a very important risk to the patient's life.

**Purpose** To detect drug-drug interaction of clinical relevance in LT patients in a tertiary hospital.

**Materials and Methods** Descriptive transversal study of the LT patients in our hospital during 2011 who were admitted to the Digestive Surgery Unit (DSU). Variables analysed were: sex, number of drugs prescribed at admission and number of days of hospitalisation in the DSU. Data were collected from clinical and pharmacotherapeutic histories and the unit dose dispensing log. Drug-drug interactions were detected and analysed by the Micromedex Healthcare series® database. The results were analysed with the SPSS v.19 statistics software.

**Results** Of a total of 51 transplant patients, we included 44 (5 patients died and in 2 patients the medicines were not recorded at admission to the DSU). 75% of patients were male and 25% female, mean age of patients was 55 ± 12 years. The median number of days in hospital was 11 [9.18] days. The mean number of drugs prescribed on admission was 11 ± 2.5 drugs/patient.

The total number of drug interactions detected was 210 of which 120 (57.1%) were considered highly relevant, and 90 (42.9%) were considered clinically relevant. The most frequent interactions were with antihypertensive drugs (25%), antibiotics (19%), and anti-infectious drugs (13%).

Conclusions Liver transplant patients are critically ill patients with highly complex treatment. A high prevalence of clinically relevant interactions was detected related to polypharmacy and the use of high-risk medicines.

The presence of a pharmacist in this Unit would be beneficial to comprehensively review these patients’ treatment.

No conflict of interest.

**Securing Intrathecal Injections: What about Non-luer Connectors?**

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**Background** Episodes of accidental injection of medicines intended for intravenous administration into the intrathecal space have been reported worldwide, often leading to death. Since 2001, international guidelines have been issued to prevent such risks. A major recommendation is to develop a non-luer connector to use in neuraxial procedures.

**Purpose** To give an overview of the development and marketing of medical devices fitted with non-luer connectors.

**Materials and Methods** Manufacturers’ catalogues have been consulted. A literature review was conducted using the PubMed and Science Direct databases, including the following MeSH keywords ‘non luer’, ‘connectors’, ‘safety’ and ‘intrathecal’. European Health Authorities websites have been also consulted. All searches were performed between August and October 2012.

**Results** The United Kingdom, which has been a pioneer in guidance, was the first to implement such connectors. Five different non-luer connectors have been designed thanks to the National Patient Safety Agency (NPSA) initiative. Literature research identified few individual tests of these new devices. Some incidents such as mismatching connectors have been documented. So the NPSA has updated recommendations about introducing secure non-luer connectors. These devices are coming onto the French and Belgian market soon. To our knowledge safety connectors are not yet available in other countries.

**Conclusions** Non-luer connectors for intrathecal drug administration were initially launched in Great Britain. This process obviously