Conclusion The observed efficacy was high in patients with DIRA at all times, both with anakinra and canakinumab. However, evidence is scarce and of low quality, thus larger studies need to be conducted to reach more accurate conclusions.

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No conflict of interest.

4CPS-162 MEDICATION COUNSELLING BY CLINICAL PHARMACISTS IN NEWLY GRAFTED RENAL TRANSPLANT RECIPIENTS

A Landry, I Goyer, G Saint-Lorant*, M Baudon-Lecame, C Chatron. *CHU Caen, Pharmacy, Caen, France*

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Background Clinical pharmacy services are widely deployed in our UHC department of nephrology. Poor medication adherence (MA) is commonly encountered in kidney transplant recipients (KTRs), although MA is essential in preventing graft rejection. Thus, medication counselling (MC) was implemented to promote MA and safe therapeutic management.

Purpose The objective of this study was to describe MC activity and explore its impact on patient knowledge and motivation.

Material and methods A pharmacy resident presented two MC sessions for each newly grafted KTRs. The first MC session provided information regarding IA, food interactions and the management of forgotten doses, vomiting and travel using educational tools. MA is evaluated with the Morisky score, and patient's motivation to take their treatment with a visual scale. The second MC session allowed the resident to assess the previously acquired knowledge. Discharge medication prescription was explained through the discharge medication reconciliation.

Results From June 2018 to September 2018, 19 patients had MC (average age 59.7 years±14.5, sex ratio M/F 1.8, average length of stay 12.5 days±6.2). The average cumulative MC time was 39 min±8.4 per patient. The first MC session was carried out on average 7 days±2.9 after kidney transplantation. Eleven patients (58%) presented either minor or major MA problems. Sixteen patients (85%) correctly reported which IA they were taking, 18 (95%) correctly reported their dosing regimen and 18 patients (95%) were aware of food interactions and knew how to manage forgotten doses, vomiting and travel. Patients' motivation to take their IA significantly increased between the two MC sessions (p=0.03). All patients rated the role of their IA as 'extremely important'.

Conclusion These results show the benefits of pharmacist-led MC in newly grafted KTRs. Positive feedback from physicians and nurses confirms this approach. However, this service is time-consuming and requires continuous availability of clinical pharmacists in the unit. In order to ensure safe and efficient therapeutic management, documentation of these MC sessions in the medical patient chart is essential.

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No conflict of interest.

4CPS-163 BONE METASTASIS TREATMENT IN PROSTATE CANCER: EFFICACY AND SAFETY

FJ Salmeron Navas*, C Martinez-Diaz, M Camean-Castillo, S Fenix-Caballero, MP Briceño-Casado, MD Gil-Sierra, E Rios-Sanchez, J Diaz-Navarro, EJ Alegre-Del Rey, JM Borrero-Rubio. *Hospital Universitario Puerto Real, Servicio de Farmacia, Cadiz, Spain*

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Background Prostate cancer most commonly metastasises to the bones, and preventing related complications is important. Denosumab and Zoledronic Acid are recommended to prevent skeletal-related events and malignant hypercalcaemia.

Purpose The aim of this study was to analyse the efficacy and safety of Denosumab and Zoledronic Acid for the treatment of metastatic prostate cancer.

Material and methods A retrospective observational study including patients with metastatic prostate cancer in treatment with Denosumab or Zoledronic Acid (ZA), from 1 January 2015 until 30 August 2018 was conducted. An electronic prescription oncology program and medical records were consulted. The variables recorded were age, administered drug, duration of treatment, calcium levels (baseline and final) and adverse events. Efficacy was assessed as absence of malignant hypercalcaemia defined as serum calcium of grade ≥2 by the Common Terminology Criteria of Adverse Events version 3.0 (serum calcium >11.5 mg/dl). Safety criteria were considered: treatment interruptions, grade-3 hypocalcaemia in final test (serum calcium <7–6 mg/dl), osteonecrosis of the jaw and/or incidence of secondary cancers.

Results We included 52 patients with an average age of 73 (52–96) years: 43 treated with Denosumab 120 mg every 4 weeks, and nine treated with ZA every 3–4 weeks in a specific dosage according to renal function. Average duration of treatment with Denosumab and ZA was of 11 (0–40) and 11 (1–26) months respectively. Average blood baseline and final calcium levels in patients on Denosumab or ZA were respectively: 9 (8.5–11) mg/dl and 8.9 (6.7–10.4) mg/dl versus 8.3 (8.8–9.6) mg/dl and 8 (7.8–10) mg/dl. No patients presented with malignant hypercalcaemia. Twenty-two per cent of patients (n=2 patients) with ZA suspended treatment due to compromised renal function, and 2% of the patients (n=1 patient) with Denosumab suspended treatment due to jaw discomfort. A case of grade-3 hypocalcaemia and another one of jaw osteonecrosis were identified, both inside the group of patients on Denosumab. No secondary cancers were diagnosed.

Conclusion Most participants were treated with Denosumab. Both drugs were effective for the prevention of malignant hypercalcaemia. Most of the treatment interruptions were due to compromised renal function in patients who received ZA.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.