4CPS-164 ORAL KETAMINE IN UNMANAGEABLE CHRONIC PAIN: A CASE REPORT

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Background The neuropathic pain management which is refractory to opioids treatments demands the development of new analgesics or new ways of using our classic medicines. Ketamine is scarcely used as an anaesthetic, but with an increase in indication as an analgesic. However, no oral formulation is commercialised in our country.

Purpose To develop an oral formulation of ketamine and assess its efficacy in refractory neuropathic pain.

Material and methods A clinical record review of a 43-year-old male was carried out. After an accident in 2006, he experienced unapproachable neuropathic pain and he had a history of two admissions due to autolytic ideation motivated by poor pain control. From 2008 to 2015 he had been in treatment with various opioids and other non-opioid analgesics and antiinflammatory drugs, without pain control or improvement despite high doses. A ketamine oral solution was developed at the pharmacy according to Good Manufacturing Practice: 20 ml of Ketolar 50 mg/ml ampoule and syrup quantity sufficient for 100 ml, obtaining 10 mg/ml of oral solution.

Results In September 2016, the patient started with intravenous ketamine at a dose of 0.2 mg/kg with prior informed consent. He received three sessions with a 50% pain relief on the Global Clinical Impression Scale (GGI). On March 2017, the pain reappeared, and sessions were repeated monthly with a good response. In that time, the dose of transdermal fentanyl was reduced. In June 2017, oral ketamine solution 10 mg/ml was formulated, dosed at 50–70 mg/8 hours. The patient scored 9 for his *quality life* on the GGI scale. As an adverse reaction, a slight and transient dizziness was observed. In August 2017, he continued with a descending pattern of opioids to discontinue. Currently, the patient continues with oral ketamine dosed at 50 mg/8 hours and fentanyl on demand, and the pain is well controlled.

Conclusion The ketamine solution formulated has contributed to the control of the neuropathic pain and achieving the therapeutic objectives. Besides, it has reduced the opioids dose of this patient.

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No conflict of interest.

4CPS-165 LIDOCAINE 5% PLASTER: IS IT WORTH THE PAIN?

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Background Lidocaine 5% plaster is licensed for the symptomatic relief of pain associated with post-herpetic neuralgia. Over the past 4 years, an increase of more than 50% of its consumption has been observed within our hospital.

Purpose The objective of this work was to evaluate the use of this drug in our institution as well as the impact of hospital practices on primary care.

Material and methods A retrospective study of 5% lidocaine plaster prescriptions was conducted from 1 January 2017 to 1 May 2018. Using computerised and physical patient records, the following data were collected: age, service, indication, dosage, duration of prescription and mention on the discharge prescription.

In parallel, the evolution of hospital spending on this drug was compared to the evolution of the expenses generated by hospital outpatients' prescriptions.

Results In this evaluation, 111 prescriptions of lidocaine 5% plaster were analysed for the period studied. The average age of patients was 72 years (18–99 years). Less than half of the prescriptions mentioned the therapeutic window (53/111). The largest prescribing services were the palliative care unit (36/111) and the geriatric long-term care unit (28/111). Regarding the indications, only 3% (3/111) of the prescriptions matched the official labelling, 79% (88/111) were off-label and 18% (20/111) did not specify an indication. The lidocaine 5% plaster was mentioned on approximately 50% of the discharge prescriptions.

Conclusion Most of the prescriptions analysed concern off-label indications initiated by doctors specialised in pain management. The bibliographic review shows efficacy results that vary from one publication to another. In consequence it is necessary to set up a multidisciplinary working group to supervise the prescription procedures in our hospital (characterisation and evaluation of neuropathic pain, validation of the main indications).

This initiation of this work already shows an impact on primary care: since the introduction of a systematic pharmaceutical control on the dispensing of this drug within the hospital, expenses in community pharmacies were reduced by 16% (€ 2 32 000 in 2016 versus € 1 95 000 in 2017).

This first evaluation allows us to assess the use in real life of an increasingly prescribed anaesthetic medication.

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4CPS-166 IS THERE STILL A PLACE FOR CHLORAL HYDRATE SYRUP IN HOSPITAL?

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Background Sedation is frequently essential for successful magnetic resonance imaging (MRI) for infant and child patients. Chloral hydrate syrup (CHS) remains the only product used orally for this purpose in the Specialty Hospital, Ibn Sina University Hospital of Rabat, Morocco.

Purpose This study evaluates the use and economic interest of the CHS administration for sedation in infants and children undergoing MRI in our hospital.

Material and methods Prospective study included 30 infants and children, 8 to 48 months' old (mean, 20.71±13.42