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 opiods and other non-opioid analgesics and antiinflamatory 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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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

months), who were given oral chloral hydrate, 50 mg/kg, for sedation before MRI. The study was limited to children who weighed 25 kg or less. Sedation was considered successful when MRI studies were completed and at least 95% of the images had few or no motion artifacts.

Results The overall length of time to achieve sedation ranged from 8 to 30 min (13.5±11.33 min); the overall mean duration of sedation ranged from 10 to 45 min (29.5±5.02 min); and the overall mean length of time to return to normal activity was 30 min to 3 hour (47.3±16.2 min). Other studies reported that chloral hydrate was more effective than midazolam in facilitating the completion of painless imaging studies, although it has a longer onset and duration, and reported minimal adverse events (the only side effect observed was vomiting in 15% of children).[1 2] On the pharmaco-economic side, the hospital preparation of the CHS 5% in a bottle of 100 ml costs € 1.85. The direct cost to prepare the sedation is € 0.37 for each child of 20 kg versus € 1.24 for sedation of the child with the same weight by Midazolam.

Conclusion The low adverse events for CHS, and the much lower cost of its use to induce sedation for a short time has made CHS our preference for sedation in infants and children undergoing MRI in our hospital.

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4CPS-167 STUDY OF THE USE OF TAPENTADOL

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Background Tapentadol is a potent analgesic with opioid agonist properties of the μ receptor and additional properties of inhibition of norepinephrine recapture. It is indicated to control chronic intense pain in adults, which can only be treated adequately with an opioid analgesic.

Purpose To analyse and evaluate the use of tapentadol in a second-level hospital and describe the characteristics of patients who have been treated.

Material and methods Observational, descriptive study. All episodes of treatment with tapentadol in the hospital since 1 January 2017 (date of its introduction in the pharmacotherapeutic guide) until 1 October 2018 were included. Patient variables (sex, age, dose, indication and service in which they were admitted) were retrieved from the electronic medical records (Diraya) and all data related to tapentadol posologies (dosage and frequency) were reviewed through the prescriptions of patients using Silicon, the electronic prescribing system. All data obtained were included in a database designed for this study.

Results During the period of our study 50 patients were treated, 44% males with an average age of 66.9 (44–86) years and 56% females whose average age was 66.7 (29–87) years. The most prescribed dose was 50 mg/12 hours (60%), followed by 100 mg/12 hours (28%), 200 mg/12 hours (6%), 150 mg/12 hours (4%) and finally 25 mg/12 hours (2%).

Regarding the prescription of tapentadol in terms of pathologies, it was emphasised that 52% of patients suffered herniated discs and/or vertebral fractures, 30% chronic pain, generalised polyarthritis and fibromyalgia, 10% cancer pain, 6% chronic tension headaches and/or migraines, while only 2% suffered from advanced Parkinson's disease.

The medical services that made these prescriptions were: 44% internal medicine, 38% orthopaedic surgery and traumatology, 12% neurology, 4% urology and 2% palliative care.

Conclusion The use of tapentadol is more frequent in females than in males. Respecting ages, they are very similar in both sexes.

The highest doses belong to patients with oncological pain.

The prescription of tapentadol was mainly for non-oncological pain (90%) and, within it, the pathologies mainly treated were spinal injuries (herniated discs and/or vertebral fractures).

Orthopaedic surgery, traumatology and internal medicine were the main prescribers.

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4CPS-168 POSTOPERATIVE PAIN MANAGEMENT AND PAIN REFERRED BY ADULT PATIENTS 24 HOURS AFTER SURGERY AND ONE MONTH AFTER DISCHARGE

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Background Inappropriate pain management during the surgical process could lead to worse surgery outcomes and quality of life. Hospital pharmacists should develop strategies to improve pain management.

Purpose To describe postoperative pain treatment, the proportion of patients who referred moderate-severe pain 24 hours after surgery and 1 month after discharge, and number of visits to the primary care physician, the emergency room (ER) or re-admissions related to postoperative pain during the first month after surgery.

Material and methods An observational, descriptive, prospective study was conducted from February to September 2018. Inclusion criteria: adult patients admitted to surgery departments 24 hours after surgery. Collected variables: demographic, pharmacotherapeutic and clinical. The intensity of the pain was measured by the numerical verbal scale (NVS). The frequency of patients with moderate-severe pain (NVS ≥4) was calculated at 24 hours after intervention and 30 days after discharge.

Results

- One–hundred and thirty–three patients (59% males) were recruited (median age 62.7 years, interquartile range 52.0–72.3).
- One–hundred and seventeen patients (88.0%, CI 95%: 82.4% to 93.5%) were prescribed an analgesic around–the–clock.
- Ninety–eight patients (73.7%, CI 95%: 66.2% to 81.2%) were prescribed acetaminophen, dipyrone or a NSAID around–the–clock. Thirty–eight of them (38.8%,CI 95%:29.1% to 48.4%) were prescribed a potent opioid as a rescue, whereas 28 of them (28.6%, CI 95%: 19.6% to