37.5%) were prescribed a weak opioid and seven (7.1%, CI 95%: 2.0% to 12.2%) were prescribed another non-opioid drug.

- Thirty-two patients (24.1%, CI 95%: 16.8% to 31.3%) were not prescribed any drug as a rescue.
- Eighty-five patients (63.9% CI 95%: 55.7% to 72.1%) reported moderate-severe pain within 24 hours after surgery. Only 30 of them (35.3%, CI 95%: 25.1% to 45.5%) were administered one or more rescues within the 24 hours after surgery.
- At discharge, 34 patients (25.6%, CI 95%: 18.2% to 33.0%) were prescribed one or more analgesics around-the-clock.
- Thirty-one patients (23.3%, CI 95%: 16.1% to 30.5%) reported moderate-severe pain within 30 days after discharge.
- Eight patients (6.0%, CI 95%: 2.0% to 10.1%) attended the primary care physician consultation due to postoperative pain during the first month after discharge, while two (1.5%, CI 95%: 0.6% to 3.6%) went to the ER and/or were readmitted for this reason.

Conclusion Most patients were prescribed a NSAID, acetaminophen or dipyrone around-the-clock and a strong opioid as a rescue if more pain was experienced.

Rescue medication was under-prescribed and under-administered, which may partially explain the insufficient pain control within the first month after surgery.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-169

COMPARATIVE ANALYSIS OF EFFECTIVENESS BETWEEN A PATIENT-CONTROLLED ANALGESIA MORPHINE DEVICE AND A SUBLINGUAL SUFENTANIL TABLET SYSTEM

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Background The sublingual sufentanil tablet system (SSTS) (Zalviso) is a new device for the management of postoperative pain.

Purpose To determine patients who may benefit from the use of SSTS compared to the patient-controlled analgesia morphine device (PCA-M). Analyse the effectiveness of SSTS compared to PCA-M.

Material and methods Observational and prospective study carried out in a private 300-bed hospital. The present study consisted of two arms, on the one hand were selected patients with PCA-M and on the other, patients with SSTS. The study period was from September 2017 to March 2018. In the present study were collected the type of surgery and pain intensity with the analogous visual scale of pain (AVS:0: no pain; 10: maximum pain) in various situations: prior to the PCA-M/SSTS and on days 1, 2 and 3 after PCA-M/SSTS. The total AVS value (average of 3 days) of each patient was also determined. The AVS value was determined through a pharmaceutical interview. Study data were analysed with the SPSS program: the difference of means was calculated through the student *t*-test and the Mann-Whitney U test.

Results Fifty-one patients were collected in the PCA-M group and forty-four in the SSTS group. The average age in the PCA-M group was 55 years, while the average age in the SSTS group was 50 years, with no significant differences between groups. Patients differed significantly between groups in the type of surgery: SSTS has been used more frequently in gynaecological surgery but less in neurosurgery than PCA-M. Groups also differed significantly in gender: SSTS has been administered mostly in females (65%) versus PCA-M (37%). The intensity of the pain prior to the use of the device was AVS 7 for both groups. On the first day after the device was used, the average AVS value in the SSTS group was 5 and in the PCA-M group 6 (P0.24). On days 2 and 3 the intensity of pain was lower in the PCA-M group (AVS 3) compared with the SSTS group (AVS 4) (P0.58). Sum of the AVS average value was 15 in the PCA-M group and 14 in the SSTS group (P0.28).

Conclusion According to the present study, both devices have similar effects in the reduction and management of post-operative pain through the AVS scale. The SSTS group slightly decreases pain faster than the PCA-M group, without significant differences. SSTS has been administered mainly in gynaecology, while the PCA-M device has been administered mainly in neurosurgery.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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No conflict of interest.

4CPS-170

ESTIMATING THE ECONOMIC IMPACT OF PHARMACIST-LED PRESCRIPTION ORDER VALIDATION OF OPIOID PRESCRIPTIONS IN A TERTIARY UNIVERSITY HOSPITAL

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Background Opioids easily cause adverse drug events (ADEs) or therapeutic failure in cases of prescribing errors, resulting in increased costs for the hospital, patient and healthcare system. The clinical pharmacist can detect and resolve these errors by performing prescription order validation (POV). Little data is available on the economic impact of this service.

Purpose To evaluate the cost-outcome of pharmacist-initiated interventions on opioid prescriptions during POV, in terms of cost savings and cost avoidance (CA) for the institution.

Material and methods Pharmacist interventions in prescriptions of fentanyl, hydromorphone, methadone, morphine, oxycodone and piritramide in a Belgian tertiary university hospital of 721 beds, UZ Brussel, were analysed (period 1 February 2017–31 January 2018). The potential drug cost without intervention was compared to the cost with intervention. An expert panel assessed the probability of ADE occurrence by assigning a probability estimate (PE) to every patient (0=no effect; 0.01=very low; 0.1=low; 0.4=medium; 0.6=high). The ADE-CA was calculated by multiplying the hospital's cost of an ADE (calculated according to a method proposed by the Belgian Healthcare Knowledge Centre) by