unused doses of medication. The data was collected by the Discover program and was analysed with GraphPad Prism.

Results The media of patients in UDDDS per month was 251.1±19.09 and 245±20.90, with a total of 14 870 and 17 779 validated prescriptions in 2017 and 2018 respectively. The percentage of validated prescriptions before 3 pm was 71.79% in 2017 (PCC) in comparison with 86.95% in 2018 (AEP), supposing an increase of about 15.18%. The percentage of the returns of unused medication doses was 20.26±) 0.83 in 2017 versus 20.21±0.48 in 2018, not showing significant differences between the years of comparison.

Conclusion Our results show a significant increase in the percentage of validation in the optimal schedule after the implementation of AEP despite the small increase in activity. Assuming that the remaining 12%–13% of the prescriptions correspond to changes in the treatment and hospital admissions during the afternoon and night, we consider we satisfied the purpose of the study. The parameter of the returns of unused medication doses, however, show the need for continuing the evaluation of the procedures in order to obtain a greater effectiveness.

REFERENCES AND/OR ACKNOWLEDGEMENTS
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ANTICOAGULANT THERAPY IN CHRONIC COMPLEX PATIENTS WITH ATRIAL FIBRILLATION

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Background Non-valvular atrial fibrillation (NVAF) is the most common cardiac arrhythmia in clinical practice. In Spain, the stipulated recommendations to select anticoagulants are: use of direct oral anticoagulants (DOAC) in the case of poor INR control, intolerance to vitamin-K antagonists or adverse events, impediment to INR controls or patients with a stroke disease.

Purpose Our aim was to analyse the treatment in chronic complex patients (PCC) with NVAF admitted to the internal medicine service (MI) and other items related to NVAF in these patients.

Material and methods Transversal study of PCC diagnosed with NVAF admitted to the MI, with two or more chronic diseases according to the Charlson index. The study period was 7 months during the rotation of two hospital pharmacists in the MI. Epidemiological, clinical and pharmacological data were analysed. Data was treated in a codified way to respect confidentiality.

Results Seventy-three PCC were evaluated. The median age was 83 years (66–95), 38 females (52.1%). Thirty-two patients (43.8%) had paroxysmal AF, 28 patients (38.3%)>1 year persistent AF, 12 patients (16.4%)>7 days persistent AF and one patient (1.3%) with origin uncertain AF. The most frequently associated risk factors were: hypertension (90.4%), dyslipidaemia (65.7%), diabetes mellitus (61.6%) and heart failure (60.2%).

Sixty-one patients (83.6%) were treated with oral anticoagulants; of whom 19 were also anti-aggregated. Of the 61 anticoagulated patients, 23 (37.7%) were treated with DOAC (10 apixaban, seven dabigatran, five rivaroxaban, one

edoxaban). The remaining 38 (62.3%) were treated with anti-vitamin K. On admission, 12 (31.6%) patients with anti-vitamin K treatments were in the therapeutic range, with a median INR of 2.4 (2.05–3), compared to 13 (34.2%) patients who were under-dosed and 13 (34.2%) supradosified with a median INR of 1.56 (1–1.9) and 3.4 (3.2–12) respectively. One-hundred per cent of the patients had a CHA2DS2-VASc>2 points. The reason for the non-anticoagulation of the 12 patients without treatment was the previous haemorrhages, with HAS-BLEED >3 points.

The main differences between the anticoagulated patients and those without, was the percentage of diabetes mellitus (70.5% vs 41.7%) and heart failure (65.6% vs 33.3%).

Conclusion Our data shows that most of the PCC diagnosed with NVAF were treated with anticoagulants. All patients had CHA2DS2VASc score required for anticoagulant treatment. 37.7% of the patients were being treated with DOAC. Comorbidities observed are in line with other studies conducted in NVAF. The main causes of non-anticoagulation were previous haemorrhages.

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EVALUATION OF SYSTEMIC ANTIBIOTICS AND ANTIFUNGAL USE IN AN INTENSIVE PAEDIATRIC CARE UNIT: A FIVE-YEAR STUDY IN A FRENCH UNIVERSITY HOSPITAL

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Background The overuse of antimicrobials and empirical prescriptions are associated with the higher prevalence of antibiotics' resistance, leading to the longer duration of illness and increased healthcare costs. To preserve their efficacy and prevent the risks of resistance emergence, surveillance of antibiotic consumption is essential. There are limited data published about antibiotics and antifungal consumption in terms of defined daily doses (DDD) in paediatrics.

Purpose To describe and analyse antibiotic and antifungal drug consumption, DDD/1000 bed-days in a paediatric intensive care unit (ICU) over a 5 year period.

Material and methods A retrospective and descriptive study was performed in a university paediatric hospital of 400 beds with 32 ICU beds. According to the French 'ATB-Raisin' national network methodology, systemic antibiotics and antifungal dispensation from 2013 to 2018 to the ICU were measured and analysed by a multidisciplinary approach. DDD/1000 bed-days and/or ratios were calculated for each antibiotic and antifungal, and overall.

Results A 0.9-fold decrease (−9%) in the overall number of antibiotics DDD/1000 bed-days from 2792 in 2013 to 2533 in 2018 was measured. The most important decreases were observed for three classes of antibiotics: penicillin M (ratio=0.05), imipenem (ratio=0.17) and imidazole (ratio=0.28). The most important antibiotics' consumption increases were observed for classes: first- and second-generation cephalosporins (ratio=2.26), levofloxacin (ratio=2.09) and amoxicillin-clavulanique (ratio=1.64). A 0.8-fold (−19%) decrease in the overall number of antifungals DDD/1000 bed-