days from 314 in 2013 to 252 in 2018 was measured. The main decreases were observed for amphotericin B (ratio=0.3), voriconazole (ratio=0.50) and caspofungin (ratio=0.59). The most important increases have been shown for: flucytosine (ratio=10.25), micafungin (ratio=2.73) and fluconazole (ratio=1.22). Fluctuation in consumption is linked to several factors: drug shortages, evolution in recommendations and patient profiles. French drug market supplies break of oxacillin/penicillin M increases first- and second-generation cephalosporin prescriptions. A local guideline for transplant patients recently replaces fluconazole by myc fungin in antifungal prophylaxis.

Conclusion Both the overall numbers of antibiotics and antifungals DDD/1000 beds-days decrease over the 5 year study period. A multidisciplinary analysis comprehends the consumption evolution in our paediatric ICU. It should be monitored on a continuous basis by pharmacists in healthcare settings.

REFERENCES AND/OR ACKNOWLEDGEMENTS

https://ejhp.bmj.com/content/24/Suppl_1/A30.2

<https://ejhp.bmj.com/content/22/3/132>

No conflict of interest.

4CPS-225 THE ROLE OF CLINICAL PHARMACISTS MONITORING REGARDING THE EFFECTIVENESS AND TOLERANCE OF EXPENSIVE DRUGS PRESCRIBED OFF-LABEL

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Background Since 2015 in our French hospital, prescribers must fill out a justifying form (JF) for each off-label initiation of expensive treatments. The medical and financial follow-up is carried out by clinical pharmacists regarding chronic diseases. Furthermore, the patient must be informed about the off-label use of his treatment, and the JF must be included in the patient's file.

Purpose In this context, a retrospective study was performed over 2 years to ensure the justified maintenance of off-label treatments in terms of effectiveness, tolerance and cost.

Material and methods The off-label JF includes references to publications, clinical argument, criteria of effectiveness and tolerance. For each chronic indication, the tracability of the JF, and the evaluation of effectiveness and tolerance were researched in the computerised patient file (Orbis). The 2016 and 2017 dispensing data and treatment costs were extracted from Phedra software.

Results Seventy-seven patients were involved with 63 JF found (82%). Ninety-three per cent of the files were archived at the pharmacy, but none were found in Orbis. Only 17.5% of the JF were fully completed. The most filled item was the clinical argument (86%) and the least filled item was the date of the multidisciplinary consultation meeting (43%). Sixty-three patients had a chronic condition. The most prescribed treatments were Tocilizumab, Adalimumab, Infliximab and intravenous immunoglobulin, mostly in the internal medicine and rheumatology departments. Horton and Behçet diseases, hypogammaglobulinaemia, sarcoidosis and undifferentiated inflammatory arthritis were the most common indications. Effectiveness data were evaluated for 52 patients: 77% of effectiveness (including four healings), 19% of interruptions for ineffectiveness and 4% for adverse

effects. A subcutaneous relay was observed in seven cases. The hospital cost was estimated at €7 35 000 (including Canakinumab €191,000).

Conclusion Off-label initiations are mostly justified. The reformulation of some items of the JF and its computerisation in Orbis are necessary in improving traceability. Clinical effectiveness is found in more than two-thirds of chronic off-label prescriptions. Horton and Behçet's diseases have recently obtained their label, strengthening the validity of these prescriptions. The clinical pharmacist monitoring of treatment effectiveness and safety permits a quick discontinuation in expensive and inefficient treatment.

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4CPS-226 ADHERENCE TO TREATMENT IN OLDER ADULTS ADMITTED TO AN ACUTE GERIATRIC UNIT AND ASSOCIATED FACTORS

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Background Treatment adherence is a very important issue in ensuring the correct effectiveness of treatments, and it is often compromised in older patients. To assess and improve patients' treatment adherence is an important role of clinical pharmacists, and knowing which factors are usually associated with a lack of adherence could help to enhance this task.

Purpose To estimate the prevalence of a lack of treatment adherence in older adults admitted to an acute geriatric unit, and to assess associated factors.

Material and methods Cross-sectional observational study of over 75 years' old patients consecutively admitted to an acute geriatric unit in a third-level hospital. A clinical pharmacist performed a semi-structured clinical interview with the patients and their families, including the 4-items Morisky-Green test. Socio-demographic and clinical characteristics of included participants were registered from medical records and patient interview. Multivariate logistic regression was used to identify predictors of a lack of adherence. The following factors were included in the analysis: age, sex, polypharmacy (≥ 5 chronic medications), comorbidities (age-adjusted Charlson Comorbidity Index), functional and cognitive impairment (Barthel Index and degree of impairment: none, mild, moderate, severe), dependence for taking medications, use of weekly pillbox, multi-compartment compliance aid (MCA), visual and hearing deficiency, and changes in treatment in the past 3 months.

Results Two-hundred and fifty patients were included, 150 were females (60.0%) and mean age was 87.6 years (SD 4.6). An important lack of adherence was detected in 55 patients (22.0%, 95% CI: 16.83 to 27.17). Forty-eight patients (19.2%) used a weekly pillbox to organise their medications and 32 (12.8%) used a MCA; 52 (20.8%) changed their medications recently; 168 (67.2%) were dependent for taking their medications; 39 (15.6%) had visual deficiency; and 71 (28.4%) hearing deficiency. Only two