factors were (inversely) associated with a lack of adherence: female sex (OR 0.50, 95% CI: 0.255 to 0.974) and dependence for taking medications (OR 0.26, 95% CI: 0.109 to 0.630).

Conclusion Between older adults admitted to an acute geriatric unit, males and patients that can handle their own medications are more likely to present worse adherence to their medications. Hospital pharmacists in this setting should pay special attention to this population to focus their interventions, addressing the lack of adherence in very old adults.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-227 EVALUATION OF ADHERENCE TO INHALED MEDICATIONS IN CHRONIC OBSTRUCTIVE PULMONARY DISEASE

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Background Chronic obstructive pulmonary disease (COPD) treatment consists mainly of inhaled medications. The evolution of this illness is linked with good compliance.

Purpose The aim of the study was to assess patients' compliance and their ability to use the inhaled medical devices.

Material and methods A prospective, observational, monocentric study was conducted in a university hospital for 2 months. Included patients were treated by inhaled devices for a COPD. A compliance survey (Girerd's questionnaire¹) was proposed to them during their hospitalisation. Patients were classified in three groups: fully observant (score equal to 6); poorly observant (score equal to 4 or 5); and non-observant (score inferior to 3). The evaluation of their ability to use the inhaled medical devices is realised, based on national health insurance recommendations. These recommendations stand on the three common steps to inhaled treatment intake: expiration, drug inspiration and holding breath for 10 s. Patients were divided into groups according to the number of accomplished steps. The mean number of steps was collected.

Results Forty-five patients were included in the study. The mean age was 73 years' old and, on average, each patient has two inhaled medical devices. Out of these 45 patients, 16% were considered fully observant, 40% poorly observant and 44% non-observant. The mean compliance score was 3.5 out of 6. Aptitude testing showed that 13%, 16% and 53% of patients, respectively, accomplished 3, 2 and 1 step out of 3, whereas 18% of them respected none. The mean number of steps during inhaled treatment intake was 1.2 out of 3.

Conclusion This study stresses a limitation in compliance in COPD patients with inhaled treatments. Indeed, we can observe a high level of non-observant patients and a majority of them not respecting the necessary steps for the good use of inhalators. This misuse is also confirmed by a limited mean number of accomplished steps during inhalation. These results may suggest that a clinical pharmacist's intervention towards COPD patients using inhaled medication could improve their adherence.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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No conflict of interest.

4CPS-228 AN EVALUATION OF A PHARMACIST-MANAGED PAEDIATRIC TOXICOLOGY CONSULTATION SERVICE

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Background Cases of intoxication are commonly seen at paediatric emergency centres. The knowledge of emergency medicine clinical pharmacists in toxicological emergencies is highly valuable. A pharmacist-managed toxicology consultation service has been implemented at our paediatric emergency centre. There has been no previous evaluation of this service.

Purpose To assess the appropriateness of a treatment and monitoring plan. This evaluation also aimed at characterising the epidemiology of the consultations and identify areas for improvement.

Material and methods A list of all patients who presented to the paediatric emergency centre with drug ingestion in 2016 was obtained. Subsequently, a standardised data extraction tool was used to extract the following information from patients' electronic health records: demographics, decontamination, investigations, supportive therapy, antidote, and patient disposition or discharge plans. Then, management was compared with the standard management illustrated in lexi-tox and micromedex, which were the references followed at our hospital, and judged for appropriateness accordingly. Data was analysed using descriptive statistics.

Results Seventy-six patients were identified. Forty-eight were males and median age was 3 (2–4) years. Three patients presented with intentional drug ingestion, while the rest were considered accidental. A pharmacist was consulted for 83% of the cases. Household agents were the most common agents of toxicity accounting for 29% of the cases followed by vitamins (17%) and paracetamol (9%). Decontamination was indicated in 18 (23.6%) patients, of which 13 had undergone decontamination appropriately. The administration of activated charcoal was the method of decontamination used for all patients. One patient received activated charcoal, although not indicated. Required investigations were ordered for all except one patient who needed follow-up after a few days. On the other hand, unnecessary investigations were done for nine patients. Antidote was given in three cases, one of them was not indicated. Supportive measures were required and provided for two patients only. Six patients were monitored at the hospital, although not required and one patient was discharged immediately despite needing observation.

Conclusion The majority of paediatric toxicology cases were 4 years or younger, mainly being accidental rather than intentional ingestion. Based on this evaluation, there appears to be increased use of unnecessary investigations and under-utilisation of decontamination.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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