4CPS-242 REGULATORY VALIDATION OF PRESCRIPTIONS AT A TEACHING HOSPITAL

¹M Mseddi*, ¹K Myriam, ¹A Hamdi, ²T Manel. ¹Faculty of Pharmacy- University of Monastir, Pharmacology Department, Monastir, Tunisia; ²Teaching Hospital Hedi Chaker, Pharmacy Department, Sfax, Tunisia

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Background Regulatory compliance of prescriptions is a key aspect of good performance of pharmaceutical validation within the hospital. Several irregularities have been detected in daily practice.

Purpose Estimate the nature and prevalence of irregularities in prescriptions at a teaching hospital's pharmacy in order to establish an action plan.

Material and methods A one-day study (October 2017) conducted on all (out/in) patients' prescriptions at the teaching hospital. The patient registration number was verified systematically via a dedicated software ADMIS.

The quantitative and qualitative analysis of prescriptions was done via SPSS software v23. The analysis of multivariate data was made by Kiviat Diagrams.

Results The analysis was based on 590 prescriptions, of which 393 were from the external pharmacy and 197 from hospitalised patients.

The prescriptions were completely delivered in 80% of the cases. Ninety-five per cent of the validated prescriptions pharmaceutically were from the hospitalised services against 73.7% for prescriptions resulting from the consulting services.

All the prescriptions bore the correct registration number corresponding to the right patient, and treatment duration was present in 100% of the cases.

The non-conformity (absence/illegibility) was due to the prescriber's stamp in 11.9%, the date of prescription in 3.1% of cases and the seal of the service in 7.5% of all cases corresponding to 11% of outpatients.

The origin of the non-compliance issued mainly from the haematology department (11.4%), followed by cardiology (10.5%) and endocrinology (8.8%), and in 25% of cases the service was unidentifiable.

This critical analysis of the regulatory aspect allowed us to identify several causes requiring a plan of action, mainly: non-availability of the stamps of some freshly graduated doctors; the ink was not available; superimposition of service and prescribing stamps; and forgetting the stamp on the prescription.

Consequently, official letters were sent to all physicians reminding them about regulatory requirements for medical prescribing. An evaluation is planned within a year.

Conclusion Regulatory validation of prescriptions is a preliminary and essential step in pharmaceutical validation. A critical analysis of the irregularities makes it possible to establish a plan of action with specific procedures and proves periodically necessary as an indicator of the good functioning of the system.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-243 EFFECTIVENESS AND USE OF OFF-LABEL TREATMENTS IN A GENERAL HOSPITAL

A Murgadella Sancho*, B Gracia García, A Morales Triado, N San Juan Martínez. Hospital Moisès Broggi, Pharmacy, Sant Joan Despi, Spain

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Background The off-label use of drugs is common in a hospital setting. However, some of these treatments have low scientific evidence.

Purpose The study aim was to describe the off-label use of drugs in the hospital and to assess the effectiveness of these treatments.

Material and methods We revised the authorised off-label applications between January 2016 and July 2018. We excluded all the off-label oncology treatments.

Clinical history, date of application, medical service, drug, indication and symptomatic improvement of disease were collected.

We considered effectiveness when the patient experienced improvement in most symptoms related to the disease (total effectiveness) or improvement in some symptoms (partial effectiveness). When the drug was not given for any reason, or the treatment was not finished for toxicity, it was considered not assessable.

Results A total of 84 applications were analysed. The evolution of these was: 32 applications in 2016, 27 in 2017 and 25 in 2018.

The medical services were: neurology (20%), nephrology (17%), digestive (15%), ophthalmology (14%), otorhinolaryngology (6%) and other services (28%).

The most demanded drugs were rituximab (27%, n=23), botulinum toxin A (20%, n=17) and human immunoglobulin (18%, n=15).

The indications for rituximab were: membranous nephropathy (n=5), systemic lupus erythematosus (n=4), Sjögren syndrome (n=2), cryoglobulinemic vasculitis (n=2) and others (n=10).

The indications for botulinum toxin A were: achalasia (n=13), spasmodic dysphonia (n=3) and Frey syndrome (n=1).

The indications for human immunoglobulins were: myasthenic crisis (n=7), autoimmune encephalitis (n=3) and other indications (n=5).

Of all applications (n=84), 15 were not assessable: 10 because the treatment was not administrated and five because of its toxicity.

From all patients with an assessable treatment (n=69), 70% (n=48) experienced symptomatic improvement of the disease: in 48% (n=23) the treatment was totally effective and in 52% (n=25) it was partially effective.

Conclusion There is a high variability in the off-label use of drugs. It is necessary to develop protocols to unify the criteria of use of the most common treatments.

Despite low-level published evidence, the off-label treatments were effective in most patients, so they suppose a benefit for patients with few therapeutic options.

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No conflict of interest.

4CPS-244 TIME TO PERFORM MEDICATION RECONCILIATION AT ADMISSION IN A NEUROLOGY UNIT: COMPARISON BETWEEN PROACTIVE AND RETROACTIVE PROCESSES

¹C Dubrou, ¹V Nail*, ²T Horowitz, ²V Mira, ²JP Azulay, ¹G Hache. ¹University Hospitals of Marseille, Pharmacy, Marseille, France; ²University Hospitals of Marseille, Neurology, Marseille, France

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Background Medication reconciliation (MR) at admission is a multidisciplinary process which aims to ensure hospital

prescriptions. MR consists in obtaining the complete and accurate list of medications taken by the patient at home, the best possible medication history (BPMH), then using BPMH to ensure the medication order. Two approaches are possible: retroactive when BPMH is produced and considered after the prescription is written; and proactive when BPMH is produced before and is considered in the initial prescription. Proactive MR is promoted as a safer approach, but the lack of human resources is often presented as a major limiting factor to set it in practice.

Purpose Thus, the aim of our study was to determine which approach was the most time-effective.

Material and methods We conducted a single-centre prospective study between June and October 2018. Patients over 65 years' old, hospitalised in a neurology unit in a university hospital were included, and randomly assigned to either the proactive or retroactive group (ratio1:1).

We measured:

- The delay between patient's entry and the completion of MR.
- Time spent to perform each step of the process (working time).
- The delay between patient's entry and first prescription.

In all cases, we compared BPMH to the first hospital prescription, and recorded unintentional medication discrepancies (UMD).

Results Sixty patients were enrolled in the study. The two groups were comparable in terms of demographics and number of medications in BPMH. In the proactive group, we measured:

- A significant decrease in the delay between patient's entry and the completion of MR (3.0 ± 1.8 h vs 13.7 ± 14 h, $P < 0.0001$).
- No difference in working time (26.6 ± 9.3 min vs 30.1 ± 10.3 min, $P = 0.17$).
- No difference in the delay between patient's entry and first prescription (2.4 ± 1.1 h vs 2.4 ± 2.0 h, $P = 0.96$).
- A significant decrease in the number of patients with at least one UMD (13.3% vs 73.5%, $P < 0.0001$) and the average number of UMD per patient (0.3 ± 0.7 vs 1.8 ± 1.7 , $P < 0.001$).

Conclusion We demonstrated that proactive MR improved the delay of MR, without increasing the working time nor delaying the time of first prescription. We confirmed that proactive is safer than retroactive in a neurology unit.

REFERENCES AND/OR ACKNOWLEDGEMENTS

None.

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4CPS-245

EVALUATION OF THE DEGREE OF ADHERENCE TO THE INTRAVENOUS TREATMENT OF AMBULATORY PATIENTS

S Martínez-Pérez, M Llinas Esquerdo, AM Sanchez García, AC Murcia Lopez, L Soriano Irigaray, A Navarro Ruiz*. *Hospital General Universitario de Elche, Pharmacy, Elche, Spain*

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Background The lack of adherence to the pharmacological treatment of patients with chronic diseases is a prevalent and relevant problem in routine clinical practice.

Purpose To assess the degree of adherence to the non-chemotherapy intravenous treatment of chronic patients who came

to the day hospital, as well as to identify the possible specific factors related to therapeutic compliance.

Material and methods A retrospective longitudinal descriptive study of 1 year duration (2017) was carried out. This included patients who went to the day hospital to receive treatment. The adherence data were extracted from the pharmacy service database and day-hospital records. The demographic and clinical data of the patients were obtained from the review of electronic health records: age, gender, pathology and treatment. Besides, the degree of adherence was expressed as a percentage and the results were calculated from the records previously submitted and taking into account the posological interval. Adherence was considered adequate when values equal to or greater than 90% were obtained. On the other hand, the association between the variables studied and the degree of adherence was estimated by means of statistical tests of hypothesis contrast.

Results A total sample size of 199 patients were included with a mean age of 51 years and 64% of them were females. The most frequent pathology was rheumatoid arthritis (30%), followed by Crohn's disease (26%) and lupus (10%). In agreement with this fact, the most frequently infused drug was infliximab (38.7%), followed by tocilizumab (24%) and belimumab (10%). Adherence to the treatment was considered inadequate in 22% of patients. Females had a higher degree of non-adherence (61%) than males. The variables that showed a statistically significant association with adherence to the treatment were the drug delivered, the dosage interval and the duration of the infusion (Chi square-test with $p < 0.05$). Patients under treatment with frequently administered drugs were more likely not to attend further appointments. In addition, therapies whose administration required a short time in the day hospital favoured a greater degree of adherence in patients.

Conclusion The degree of adherence to the intravenous ambulatory treatment was inadequate in 22% of the population. The infused drug, the dosage interval and the duration of the administration were the variables that showed association with the adherence of the patients.

REFERENCES AND/OR ACKNOWLEDGEMENTS

To my workmate, thank you for your help.

No conflict of interest.

4CPS-246

PALATABILITY ASSESSMENT OF ORAL MEDICATION

Ye Nisse*, S Robert, J Wicky, S Henn-Ménétré, B Demoré. *Chru Nancy, Pharmacy, Vandoeuvre-Lès-Nancy, France*

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Background Some drug forms are not adapted to young children or the elderly. Lists of crushable tablets are already published but do not consider palatability, which is an additional challenge for drug compliance.

Purpose To determine the palatability of diluted oral solid medications and oral liquid forms.

Material and methods The powder extracted from crushed tablets or opened capsules was diluted in water and flavoured suspending excipient. The minimum solvent needed for dissolution was determined by increments of 1 mL. The solution was then smelled and tasted by three pharmacists to determine the taste and the palatability score (PS) using the 5-point numeric rating scale (1=really bad; 5=really good) of the