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±14h, 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±2.0h, 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.

No conflict of interest.

4CPS-245 EVALUATION OF THE DEGREE OF ADHERENCE TO THE INTRAVENOUS TREATMENT OF AMBULATORY PATIENTS

S Martínez-Pérez, M Llinares Esquerdo, AM Sanchez Garcia, 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 t 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