European Medicines Agency. PS were reported on a visual analogue scale for each drug. The quantity tested by each pharmacist was two drops. The time between two medications was at least 5 min. The possibility of administration of a fraction of the dose was also determined. Modified release formulations and cytotoxic drugs were excluded. Liquid forms were tested with the same method.

Results One-hundred and fifty drugs were tested including 43 liquid forms and 107 solid forms. The average PS was smaller for diluted solid forms than for liquid forms (2.3 vs 2.9, p<0.001). This can be explained by the more frequent bitterness of diluted solid forms (87% vs 14%, p<0.001). PS was less than 3/5 for each tester in 72% of solid forms vs 60% of liquid forms (p<0.001). A dose fraction can be used for 76 diluted solid forms. Flavoured suspending excipient can mask the taste of 80/107 solid medication but only when the bitterness was low. Some medications cause other sensations: tricyclic antidepressants are anaesthetics for mucosa, naftidrofuryl and febuxostat are irritants for esophagus and glycerin in the formulation causes a warm sensation in the mouth.

Conclusion This database provides part of the answer regarding the acceptability of a treatment. PS is an important factor in compliance, particularly in the paediatric population. This method requires to be validated because taste varies with age, ethnic … This study must be completed by other elements such as pH of the solution, stability of the active substance or solubility parameters.

4CPS-247 | LOCAL ASSESSMENT OF THE IMPACT OF PHARMACIST-LED MEDICATION RECONCILIATION ON HOSPITALISED ELDERLY PATIENTS

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Background Medication reconciliation (MR) through pharmacists' interventions (PIs) is a standardised practice in many countries to reduce drug-related problems (DRPs), such as drug-drug interactions, no therapeutic indication and inappropriate duplications. DRPs, which are relatively common in poly-treated elderly hospitalised patients, can increase morbidity and healthcare costs. In Italy, MR has still not been systematically introduced, therefore, local assessments are crucial to evaluate feasibility.

Purpose To evaluate the impact of pharmacist-led MR.

Material and methods A pre-post intervention study was performed including hospitalised poly-medicated patients>65 years: in the pre-intervention group (PRE-group) MR was not conducted (May to September 2017); and in the post-intervention (POST-group) pharmacist-led MR was performed (November 2017 to March 2018). Data, collected with a specifically designed MR form from medical records and the hospital database, were registered in an Excel database including: patient demographics, number of prescriptions and DRPs at admission and at discharge, number of PIs and clinician acceptance rate in the POST-group and rehospitalisation rate 3 months after discharge in both groups. Statistical analysis was performed using STATA 15. Students t-test for independent data was used to compare quantitative variables between the two groups, while the Chi-square test was used for qualitative variables.

Results A total of 84 patients were included: 34 in the PRE-group (35.3% male, mean age 84.5 ± 6.7, mean number of prescriptions per patient on admission 7.4 ± 2.7, at discharge 8.0 ± 2.6) and 50 in the POST-group (45.1% male, mean age 83.2 ± 17.5, mean number of prescriptions per patient on admission 8.4 ± 3.2, at discharge 7.7 ± 3.0). DRPs at discharge were substantially reduced after the implementation of MR conducted by a pharmacist (p<0.001): in the PRE-group, mean 2.90 ± 2.83 DRPs per patient were identified on admission and 3.79 ± 2.99 at discharge, while in the POST-group 4.80 ± 2.97 DRPs per patient on admission and 2.64 ± 1.75 at discharge leading to a significant difference in terms of reduction of DRPs at discharge between the two groups (p<0.05). In total, 288 PIs were performed with a 74% clinician acceptance rate. The rehospitalisation rate reduced significantly in the POST-group (35% vs 10%, p<0.05).

Conclusion Results showed pharmacist-led MR to be an effective procedure in the local setting, reducing DRPs and rehospitalisations in elderly patients. Therefore, MR programmes should be introduced into Italian standard practice to reduce healthcare costs.

4CPS-248 | ANTIMICROBIAL POINT PREVALENCE SURVEY

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Background Antimicrobial resistance has become a global challenge in healthcare and is usually associated with poor antibiotic-prescribing patterns.

Purpose We sought to determine the rate and characteristics of antibiotic prescription in order to design future targeted antimicrobial stewardship interventions.

Material and methods A point prevalence survey was carried out in the framework of the multi-centre study of international prevalence Global PPS 2017 (www.globalpps.com) in November 2017. The study was conducted from the analysis of all prescriptions of active antibiotics at 8 am at the hospital in a single day. A descriptive study (frequency and percentage) of the variables explored was carried out.

Results Of 174 patients eligible for the study, quality indicators for antimicrobial prescriptions were: compliance with institutional guidelines: 100%, 62.3% and 57.8% (p<0.01); reason given for prescribing in patient case notes: 50%, 83% and 85.3% (p<0.01); antibiotic duration documented in medical chart: 14.3%, 7.5% and 13.8% (p=0.498); and targeted treatment: 28.6%, 34% and 32.1% (p=0.922) for ICU, medical and surgical departments respectively.