Purpose The aim of this study was to assess medication adherence and knowledge of type 2 diabetes mellitus (DM) patients upon completion of the proposed programme.

Material and methods This study was conducted from November 2016 – August 2017 and obtained IRB from the Rayong Hospital. The questionnaires were using for evaluating medication adherence and knowledge by pretest-post-test design. There were 30 purposively selected patients. The education programme was developed by the hospital team which contained topic pathology of type 2 DM, medication management, the important of medication, side effects, ADR, management of drug-related problems and diet control.

The process of the programme was that at first visit, patients came to consult a doctor at the Rayong Hospital, Tapong branch. If patients had HbA1C $\geq$ 8 mg%, the staff asked them to join the programme. When patients came to the pharmacy department, pharmacists gave them a pre-test, dispensing medicine and advice. The second visit was class education. On the third visit, patients saw the doctor again. After that, the pharmacist gave them the post-test.

Results When comparing the pre-test and post-test medication adherence levels among those patients with high medication adherence scores, 53.33% of patients had improved significantly. When comparing the pre-test and post-test knowledge levels among those patients with high knowledge scores, 73.33% of patients had improved significantly. After attending the programme, patients had improved their medication adherence and knowledge statistically significantly ($p < 0.01$). The patients' HbA1C values reduced 2.72% on average after attending the programme, so this study can reduce their HbA1C clinically significantly.

Conclusion This study result shows that medication adherence and knowledge of patients is effect to HbA1C control. Pharmacists' intervention can help patients understand their pathology and medication management, and can improve their medication adherence and contribute to increased blood-sugar control.

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No conflict of interest.

4CPS-256 LINEZOLID USAGE AND COST ANALYSIS AFTER A HOSPITAL TRANSFER

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Background Linezolid is a broad-spectrum antibiotic active against gram-positive bacteria and its use must be controlled. The definite daily dose (DDD) is a statistical measure of drug consumption: the assumed average maintenance dose per day for a drug used for its main indication in adults. In June 2014, the hospital was transferred to the new utilities and e-prescribing, with clinical decision support systems implemented.

Purpose To quantify and analyse the use of linezolid and its cost, after a hospital transfer and e-prescribing implementation.

Material and methods Observational, retrospective study of linezolid usage from January 2013 to December 2016. We established two study periods: pre-transfer and post-transfer. Oral linezolid (suspension and tablets) and intravenous (IV) doses dispensed were reviewed in hospitalisation units (HU) and intensive care units (ICU). Data were obtained from Pharmacy Management Application: the number of doses dispensed and their cost. We determined the number of DDD/100 stays using a linezolid DDD value of 1.2 g (600 mg/12 hour).

Results During the pre-transfer period a total of 6310 doses were dispensed for the HU (mean of 350 per month): 69.27% IV, 30.52% tablets, 0.21% suspension. In the ICU 3,236 units (179 units/month): 92.49%, 7.23% and 0.28%, respectively. The total cost was €549,954.6 (€30,553.03/month). During the post-transfer period: a total of 29 239 doses were dispensed for the HU (mean of 974 per month): 36.67% IV, 63.08% tablets, 0.25% suspension. In the ICU 4,931 units (164 per month): 92.94%, 7.00% and 0.06%, respectively. The total cost of linezolid was €1,968,369.75 (€65,612.33/month). The number of DDD/100 stays for linezolid in the HU was 0.99 (2013), 1.21 (2014), 2.33 (2015) and 2.49 (2016) and in the ICU: 7.73 (2013), 8.1 (2014), 8.1 (2015) and 7.9 (2016).

Conclusion After the transfer, linezolid usage has increased (x3) in the HU, remaining stable in the ICU. The number of DDD/100 stays confirms these results. In the HU there was an increase in the use of oral versus parenteral linezolid. This may be related to the inclusion of sequential therapy protocols as clinical decision support systems in the computerised provider order entry, after the hospital transfer. DDD/100 stays is a valid and useful indicator to quantify the use of antibiotics and identify usage changes, and it is used frequently in antimicrobial stewardship programmes. A deeper analysis is needed to identify the causes of the increase in use of linezolid and to implement measures to control it.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-257 DETERMINING FACTORS AFFECTING PATIENTS' CLARITY ON DISPENSED MEDICATION INSTRUCTIONS: A CASE STUDY AT COPPERBELT UNIVERSITY HEALTH FACILITY IN KITWE, ZAMBIA

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Background According to the Institute of Medicines, it is estimated that nearly one-half of all adults in the United States have problems in complying with medication instructions. This has become a challenge worldwide to achieve a comprehensive healthcare delivery to patients. A study to establish factors why some patients misunderstand medication instructions was conducted at the Copperbelt University clinic.

Purpose To determine the factors that influence patients from getting medication instructions from the dispensary clearly. To identify the more prevalent factors that cause misunderstanding between dispenser and patient when medication instructions or information is being given.

Material and methods A semi-structured interview with patients was used. Regarding patients understanding of the instructions given by the dispenser when medicines were supplied to them, an exit interview was carried out by the researcher to

patients who collected medicines from the pharmacy. This included adult male and female patients above 12 years. Their responses were recorded and tallied in the register book. This study was carried out between October 2017 and December 2017.

Results Eleven factors were established. Out of 5235 patients who received pharmaceutical services, 1641 patients were interviewed. The dispensing design factor represented 23.45%, while the least was the language factor with 0.24%.

Abstract 4CPS-257 Table 1 Factors that influence the patients from getting clear medication instructions

Factor (s)	Number of patients	%
1. Design of dispensing bench	384	23.45
2. Overcrowding at the dispensing window	312	19.01
3. Lack of concentration	172	10.48
4. Distractions i.e noise	156	9.50
5. Interruption by phone	143	8.71
6. Dispenser's attitude	90	5.48
7. Polypharmacy	23	1.40
8. Patient's state of mind	19	1.15
9. Dispensed want was not expected	11	0.67
10. Not feeling well	9	0.54
11. Language	4	0.24
12. Others	318	19.37

Conclusion Health professionals have a duty to ensure that instructions are given to the patients with clear understanding in whatever situations they are operating from, in order to achieve a complete healthcare delivery system.

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No conflict of interest.

4CPS-258 IMPACT OF A TEAM OF CLINICAL PHARMACISTS IN A PAEDIATRIC SURGERY UNIT: RESULTS AFTER 6 MONTHS

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Background In the paediatric surgery unit (38 beds), due to the multiplicity of prescribers (anaesthetists and surgeons) and to the parents' presence who are accustomed to looking after their child's medications, the management of patients' home medications is a critical point. The two main specialties of the unit are orthopaedic and visceral surgeries. A clinical pharmacy team has been deployed in the unit in April 2018 to improve medication safety.

Purpose To assess the impact of the pharmaceutical team in the unit.

Material and methods The pharmaceutical team undertook three main missions:

- Medication reconciliation (MR) for patients undergoing treatment: before admission for planned patients and after admission for non-planned patients. These patients were identified thanks to the anaesthetist consultation or the electronic record.
- MR on transfer to the rehabilitation centre, if necessary.
- Medication review during hospitalisation.

Since April, every pharmaceutical intervention (PI) has been registered and categorised according to the French Society of Clinical Pharmacy classification.

Results Over the past 6 months, the team realised 321 MRs on admission; 60 MRs on transfer to the rehabilitation centre; and all the prescriptions were reviewed daily from Monday to Friday.

Thirty-seven per cent of planned patients and 11% of non-planned patients had an undergoing treatment before their admission.

The team realised 163 PIs concerning 120 patients, throughout medication review or MR. These PIs mainly concerned omitted medication (46%), incorrect posology (33%) and inadequate use (13%). A PI has been recorded for 20% of patients for whom the medications were reconciled.

According to the Anatomic, Therapeutic and Chemical classification, the most represented classes were A: alimentary tract and metabolism (29%); N: nervous system (26%); R: respiratory system (13%); and J: anti-infectives for systemic use (11%).

Conclusion This analysis highlights that about one-quarter of children have a current medication on admission. It is important to focus on those patients to be effective. Considering the number of PIs, the work of the pharmaceutical team, together with the medical team, is essential in securing patients' healthcare and achieve continuity in medication management.

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No conflict of interest.

4CPS-259 EVALUATION OF PATIENTS', DOCTORS' AND COMMUNITY PHARMACISTS' SATISFACTION CONCERNING PHARMACEUTICAL CONSULTATIONS FOR PATIENTS RECEIVING ORAL ANTI-CANCER DRUGS

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Background The development and expansion of oral anti-cancer agents provide multiple benefits, including improvement in patients' quality of life but also create numerous challenges such as side-effect management or medication adherence. In January 2018, we implemented pharmaceutical consultations, as part of a multidisciplinary consultation programme for patients receiving oral chemotherapy agents.

Purpose The aim of this study was to evaluate patients', community pharmacists' and oncologists' satisfaction with the pharmaceutical consultations.