11SG-040 EMERGENCY AND DISASTER SITUATIONS: HOW ARE HOSPITAL PHARMACIES PREPARED IN EUROPE?

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Background Hospital pharmacy preparedness to support activities overload in case of emergency and disaster situations is increasingly needed even in relatively safe developed countries. In 2016, the International Pharmaceutical Federation (FIP) published guidelines to help pharmacists to prepare and respond to natural disasters.¹

Purpose To review how European hospital pharmacies are prepared for disasters in compliance with the FIP guidelines.

Material and methods An electronic survey (SurveyMonkey) based on the FIP guidelines was conducted with the support of the European Association of Hospital Pharmacists in European hospital pharmacies. Some additional questions were added to improve the general knowledge on disaster preparedness in our continent. Descriptive statistics were used to analyse the results.

Results Three-hundred and seven surveys were completed in 28 countries. France (20%) and Spain (19%) were the countries with the highest numbers of answers. Half of the responders analysed their regional disaster's risk but 65% of responders never practised emergency drills. Fifteen per cent of pharmacies have experienced at least one major event in the past 5 years. Fifty-six per cent of those pharmacies created and promoted internal guidelines for impending emergency versus 23% for those who have not experienced disasters. Among pharmacies having experienced disaster, 70% judged their emergency procedures appropriate for the needs of such situations and 40% organised post-disaster debriefing to improve their future response.

Conclusion These results highlight that most European hospital pharmacies are not fully compliant with the FIP guidelines. However, the pharmacies having experienced disaster are more likely to create and promote internal disaster standard operating procedures. Further analysis and benchmarking are warranted worldwide, as well as promotion of the FIP guidelines.

REFERENCE AND/OR ACKNOWLEDGEMENTS

1. International Pharmaceutical Federation (FIP). *Responding to Disaster: Guidelines for Pharmacy* 2016. The Hague: International Pharmaceutical Federation. 2016.

No conflict of interest.

Section 2: Selection, Procurement and Distribution

2SPD-001 DESCRIBING A THICKENER HOME DELIVERY PROTOCOL AND THE BENEFITS OF ITS IMPLEMENTATION

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Background In our hospital catchment area, thickeners for patients suffering from dysphagia are delivered via hospital pharmacy services (HPS). Given the increasing number of patients, we decided to design a new delivery system.

Purpose Our main aim was to design a thickener home delivery system (HDS). Our second objective was to evaluate patients' acceptance, together with the time saved by this pathway.

Material and methods We registered demographic variables, the number of patients using thickeners and consultations per patient before changing the pathway. Two months after implementation, the number of calls and data referring to patients who either revoked or accepted HDS were registered. Electronic medical records (Silicon) were consulted to obtain variables. For evaluation of the time saved by the pathway, we estimated 15 min for consultations and 10 min for HDS coordination.

Results A bimonthly thickener HDS was proposed to patients attending the outpatients' clinic and a brochure containing contact information provided. To ensure any necessary HDS, patients were advised to mail or call the pharmacy 5–10 days before finishing their thickener supply so that the provider could be contacted, indicating the units of thickeners to deliver to each patient.

A one-year observational study (September 2017 to September 2018) was carried out. Six-hundred and eighty three patients were prescribed with thickeners, 388 females (56.8%) with a median age of 86 (range 26–109). Two-thousand three-hundred and seventy-two in-person visits took place (on average 3.5 visits/patient and 198 visits monthly) and 14 600 thickeners were delivered. The new pathway commenced on July 2018: 321/683 patients (47%) attended the outpatient clinic during the first two months and 319 accepted the new system and two patients revoked HDS. In August, 144 patient calls requesting new deliveries were registered. This pathway implies a saving of 198 consultation hours/year, i.e. approximately 26 days for one worker/year.

Conclusion The implementation of the new pathway was well accepted by patients and carried out in a short period of time. Therefore, two months from now all patients will have the opportunity to request HDS. For HPS staff a considerable amount of time can thus be saved.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

2SPD-002 COMPARATIVE EFFICACY OF DIMETHYLFUMARATE AND OTHER TREATMENTS FOR MODERATE-TO-SEVERE CHRONIC PLAQUE PSORIASIS

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Background In clinical practice, dimethylfumarate is considered an alternative at the level of conventional systemic drugs in the first line (cyclosporine, methotrexate, acitretin) for moderate-to-severe plaque psoriasis (PP).

Purpose To establish whether dimethylfumarate, methotrexate, cyclosporine and acitretin can be considered equivalent therapeutic alternatives (ATE) in efficacy in PP.

Material and methods We conducted a search of clinical trials of these drugs, phase III, double-blind, controlled with methotrexate or placebo, efficacy evaluated at 12 weeks or next, adults diagnosed with PP and uncontrolled disease with topical treatments and/or phototherapy. The 75% reduction in the Psoriasis Area and Severity index was used as the main variable (PASI75). An indirect comparison (IC) of cyclosporin versus fumarates and dimethylfumarate versus methotrexate was performed using the Bucher method, using the Indirect Treatment Comparisons calculator from the Canadian Agency for Health Technology Assessment. For cyclosporine with more than one published study, a previous meta-analysis was performed (Der Simonian-Laird method), using the Joaquin Primo calculator. Considering that the failure can be recovered with an effective second line, it was taken as delta value, for PASI75 the value in previous published studies of IC of biological in PP, 15%. The results were analysed graphically and the relative position of the 95% CI and the equivalence margin were observed. To establish the positioning, the ATE Guide was followed.

Results Included four clinical trials, two of ciclosporin, one of dimethylfumarate and one of fumarates. The acitretin studies were excluded because they did not meet the inclusion criteria. The difference in PASI75 expressed as RAR (IC95%) of methotrexate versus dimethylfumarate, and ciclosporin versus fumarates, was: 2.2% (-22,2;26,6) y 17 (-14,83;48,83). Applying the ATE Guide, methotrexate and dimethylfumarate can be declared ATE, being the probability of clinically relevant difference <50% (most of the 95% CI is in the equivalence range) and the failure does not involve serious/irreversible damage. Cyclosporine and fumarates could not be considered ATE (the RAR exceeded the delta with more than 50% probability so that the difference was clinically relevant).

Conclusion Dimethylfumarate and methotrexate could be considered ATE. Cyclosporin and fumarates could not be considered ATE. For a definitive statement of ATE, the criteria of safety and adequacy should be considered.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

2SPD-003 MONITORING THE USE OF LINEZOLID IN A THIRD-LEVEL HOSPITAL

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Background The consequences of misuse of antibiotics can be very serious for patients and affect health systems and the community as a whole.

Purpose To analyse the evolution of linezolid (LNZ) consumption from 2009 to 2017 in general in the hospital and in critical care services (Anaesthesia-Resuscitation (A-R) and Intensive Care Unit (ICU)), and see if the introduction of the LNZ generic produced an increase in its use.

Material and methods Observational and retrospective study in a tertiary level hospital. The Farmatools program was used to obtain annual consumption from 2009 to 2017, both included, of the three available LNZ presentations (tablets, vials and oral suspension). The same information was obtained

from the A-R and ICU services. The defined daily doses (DDD)/100 stays for the 9 years of the study were calculated on an annual basis. The differences in the LNZ consumption of each year with respect to the previous year were analysed in a general way for the hospital and for the A-R and ICU services. The introduction of the LNZ generic in the hospital was in 2016.

Results The table shows: (A)% variation of global LNZ consumption by years; (B) DDD/100 stays for years of LNZ; and% variation of consumption in A-R (C) and ICU (D) services. It is observed that as of 2015 there was a considerable increase in the consumption of LNZ. After analysing its use in critical patients, we observed that A-R increased consumption in 2017 (14.5%). In ICU there was a very significant increase (54.35%) during the year of availability of the generic and it was maintained during 2017. The introduction of the generic and the associated price decrease could relax the monitoring of the prescription of this antibiotic.

Conclusion The increase in LNZ consumption appeared one year before the availability of the generic. In the critical units, the consumption was affected differently, increasing in A-R less and one year later than in ICU, in which it increased very significantly and coinciding with the access to the generic. The introduction of the LNZ generic contributed, along with other factors, to explaining the increase in consumption of it in our hospital.

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2SPD-004 DRUG CONSUMPTION DATA FOR GUIDING ANTIBIOTIC USE RATIONALISATION IN A SURGICAL DEPARTMENT

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Background An antibiotic stewardship programme was set up recently in the University Hospital.

As a first step we intended to assess antibiotic use and identify problematic areas.

Purpose The aim of the present study is to map antibiotic use in a tertiary care surgical unit.

Material and methods Data was collected on systemic antibiotics delivered from the central pharmacy to the department between 2010 and 2017. Antibiotics were classified according to the Anatomical Therapeutic Chemical index. Consumption was analysed by the WHO Defined Daily Dose (DDD) method, considering the new DDDs assigned and valid from January 2019. Consumption data in DDD was standardised for 100 patient-days. Quality was assessed by the DU90 method.

Results The antibiotic use of the surgical department was more than 20,000 DDDs each year with no particular trend in use, and in different years it was responsible for 14.5% and 16.8% of total systemic antibiotic use of the university.