Electronic databases (MEDLINE, CINAHL, International Pharmaceutical Abstracts, Cochrane database and Web of Science) were searched using pre-specified terms for peer-reviewed publications in English from 2010 onwards. Quality assessment, data extraction and synthesis were independently performed by two reviewers. ASP interventions were compared to the Centre of Disease Control and Prevention (CDC) checklist, a systematic assessment of key ASP interventions.

Results Fifteen quantitative studies were included. Quality assessment indicated that two were ‘good quality’, two ‘poor’ and the remainder ‘fair’. Studies were mostly based in Saudi Arabia (n=10), Qatar (n=3), United Arab Emirates (n=1) and Kuwait (n=1). ASP interventions’ implementation in line with the CDC checklist were weak, with the majority of studies reporting only one-third of the expected CDC criteria. The most commonly reported outcomes were antibiotic consumption, with very little reporting of any microbiological, clinical and economic outcomes. Only six studies reported facilitators and barriers relating to ASP intervention. Key facilitators were physician and organisation support and education. Barriers reported included the lack of dedicated staff, workload issues and lack of sufficient funding for implementation.

Conclusion There is a lack of robust studies of ASP implementation in the GCC States. Such studies should focus on CDC criteria in developing the ASP intervention and report valid and reliable outcomes including microbiological, clinical and economic outcomes. There is also a need for qualitative research to focus on facilitators, barriers and solutions to implementation.

REFERENCES AND/OR ACKNOWLEDGEMENTS


No conflict of interest.
Conclusion The results of this study show that implementation of HMDH decreases costs associated with medication waste. In addition, the introduction of HMDH increases patient satisfaction.

REFERENCES AND/OR ACKNOWLEDGEMENTS
No conflict of interest.

4CPS-280 DOES PLATELET-RICH PLASMA COMPOSITION MATTER IN HIP OSTEOARTHRITIS?

Background Analgesic and anti-inflammatory (AA) activity of autologous platelet-rich plasma (PRP) yields in its concentration on blood-cell counts and certain growth factors, although, clinical correlation is poorly described.

Purpose We sought to analyse clinical outcomes and its growth factors and blood cell concentration of PRP.

Material and methods A cohort study of adult patients with hip osteoarthritis (OA) who had failed previous conservative treatment and received a single intra-articular injection of autologous PRP for pain management.

Follow-up period: 1 year with clinical evaluations at baseline (day of PRP administration) and at 1, 4, 24 and 48 weeks. The primary outcome measure was a change in the Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC) and secondary outcomes: Harris Hip Score (HHS), Visual Analogue Scale (VAS), responders’ rate (OARSI Criteria), analgesic treatment, cell counts and the contents of vascular endothelial growth factor (VEGF), platelet-derived growth factor AB (PDGF-AB), transforming growth factor beta 1 (TGF-b1), interleukin beta 1 (IL-B1) and insulin growth factor (IGF) concentration of growth factors in PRP. Uni- and multivariate analyses were performed using SPSS v.18.

Results Thirty-eight patients were included. A better response to treatment was observed in those patients with a baseline grade 1–2 of Kellgren Larwrence (11.51 OR, 95% CI: 2.34 to 50.65, p<0.03). Significant high correlation was found between white cells’ concentration-VAS score (r=0.748, p<0.013) and white cells’ concentration-WOMAC stiffness (r=0.748, p<0.013). Moreover, moderate correlation was found between IL8-HHS (r=−0.38, p<0.042), IL8-VAS...