associated with VTE. It could be interesting to perform a national study to identify the factors associated with VTE after THA or TKA. This will allow the establishment of corrective measures to improve patient care and share professional and organisational practices of hospitals with low incidence of VTE.

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. Senay A, et al. Incidence of symptomatic venous thromboembolism in 2372 knee and hip replacement patients after discharge: data from a thromboprophylaxis registry in Montreal, Canada. Vasc Health Risk Manag 2018;

No conflict of interest.

5PSQ-012 IMPACT OF THERAPEUTIC PATIENT EDUCATION IN THE PREVENTION AND TREATMENT OF VENOUS THROMBOEMBOLISM IN PATIENTS WITH CANCER

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Background Venous thromboembolism (VTE), including deep-vein thrombosis (DVT) and pulmonary embolism (PE), is a frequent and severe complication in cancer patients, which is the second leading cause of death in this population. International guidelines recommend a low-molecular weight heparin (LMWH)-based treatment during at least 3 months and until chemotherapy begins. The pharmacy and the internal medicine department have developed a patient education programme (PEP) dedicated to patients treated for cancer-associated thrombosis (CAT).

Purpose The objective of PEP is to increase adherence and compliance to long term-treatment, to strengthen the autonomy and to prevent or limit the recurrent VTE or bleeding complications. We describe our cohort of patients and the impact of the PEP programme.

Material and methods From 2014 to 2017, data were retrieved from the electronic patient files. A minimum number of sessions for each patient was set at three, allowing funding by our supervisory authorities. Characteristics of the patients, the number of PEP sessions, anticoagulant, recurrences and bleeding were collected.

Results In the programme, 48 patients were included. The main cancers represented were breast cancer (35%) and lung cancer (13%). Sixty per cent of cancers were metastatic at baseline, 44% of patients were diagnosed with DVT, 12% with catheter related-thrombosis and 44% with PE. Tinzaparin was prescribed in 86% of patients. The average number of sessions performed per patient was 3.5. Nearly 30% of patients did not have this minimum of three sessions, either because of death, treatment break or relay by another drug class. PEP sessions increased the self-injection rate from 40% to 67%, injections by another person from 9% to 12% and reduced the rate of injections by a nurse from 51% to 21%. Nearly 12% of patients had recurrent thrombosis under anticoagulant therapy. Only 4% of patients experienced a bleeding event. In more than 85% of cases, patients reported being observant.

Conclusion The programme fulfilled its objectives, including understanding, treatment adherence and allowing patients to be more independent with injections. This programme is the first to describe a cohort of patients treated for CAT and the result of a good collaboration between physicians, pharmacists and nurses.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

5PSQ-013 PRESCRIPTIONS OF DIRECT ORAL ANTICOAGULANTS IN PATIENTS ADMITTED

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Background Direct oral anticoagulants (DOACs) require different follow-up than vitamin K inhibitors. DOACs dose adjustment depends on indication, age, renal function and weight, which could made dosage errors easier.

Purpose To analyse the use of DOACs and their prescription profile in the indications funded by the national health system.

Material and methods The retrospective observational study considered patients admitted in February 2017 with a prescription of some DOACs included in the Hospital Pharmacotherapeutic Guide (apixaban, dabigatran and rivaroxaban). Data sources: electronic medical records, primary care prescription and hospital electronic prescription. Data collected: age, sex, DOAC, previous anticoagulant and reason for change, dose, schedule, indication and creatinine level at admission and discharge.

Results Thirty-five patients were included, of whom 51.4% were female; median age was 82 (IQR 78.75–86.25) years. Sixteen (47.1%) patients had previously received acenocoumarol, owing to overdose or haemorrhage (five patients), stroke (four), poor control of INR (four) and patient preference (three). Thirty-six DOACs were prescribed: dabigatran in four (11.1%) patients, rivaroxaban in eight (22.2%) and apixaban in 24 (66.7%).

Two (5.7%) patients were treated with rivaroxaban to prevent thromboembolism in knee replacement with 10 mg every 24 hours for 34 and 49 days, respectively (2 weeks is the optimal duration).

In 33 (94.3%) patients, the indication was prevention of stroke and embolism in patients with non-valvular atrial fibrillation with some risk factor. Twenty-four patients were admitted with DOACs: four with dabigatran, one of them (25%) underdosed; six with rivaroxaban, two of them (33.3%) underdosed; 14 patients with apixaban, five (35.7%) underdosed; and three (21.4%) impossible to evaluate because the weight was unknown. During the admission 10 treatments were initiated, four suspended and three patients died. Three patients were discharged with dabigatran, one of them (33.3%) underdosed; three with rivaroxaban, two of them (66.7%) underdosed; and 23 with apixaban, nine of them (39.1%) underdosed; and three with weight undocumented.

Conclusion DOACs require less follow-up than classic anticoagulants, however it is necessary that the dose adjustment is optimised, the control of treatment length and the promotion of the use of these drugs for their approval indications to ensure their safety and efficacy.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.