5PSQ-147 THE VALSARTAN SAGA: PHARMACISTS' COMPETENCE TO RESOLVE THE THERAPEUTIC CHALLENGE

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Background A safety alert by the European Medicines Agency notified that some valsartan products were contaminated with the genotoxic impurity, N-nitrosodimethylamine (NDMA). This triggered a voluntary recall of potentially impacted valsartan medicines.
Purpose To investigate the competence of the pharmacist in assessing and addressing the risk-benefit associated with the safety concern of NDMA in valsartan medicines.
Material and methods A symposium was organised to evaluate the competence of the pharmacists in the application of scientific knowledge to the therapeutic challenges in the valsartan saga. A 32-slide presentation and nine questions were prepared and presented to the pharmacists (n=26, 16 females, 10 males; age 22 to 45; 10 hospital, 12 community, four industrial pharmacists) The responses given in the interactive discussion were recorded interactively by the Mentimeter and the results were related to the competence through an arbitrary evaluation.
Results Eighteen pharmacists (68%) stated that NDMA is a probable human carcinogen found to cause cancer in animals. Twenty-two (84%) stated that not all sartans contain a tetrazole ring and 20 (77%) responded that the formation of NDMA occured during the synthesis of valsartan. Twenty (77%) stated that NDMA is unlikely to bioaccumulate and seven (27%) stated that the half-life of valsartan is 6 hours. Six pharmacists (24%) correctly stated that 1.5 mcg/day was the tolerated limit for daily exposure to NDMA and 24 (88%) stated that drinking water, ham, bacon and cigarettes were contaminated with NDMA. Twenty (77%) pharmacists advised that valsartan should not be stopped abruptly until alternative treatment was available and 24 (92%) stated that they would recommend switching patients to another sartan as early as possible.
Conclusion The findings show that pharmacists have the necessary competence to deal with the valsartan saga. However, the symposium shows that pharmacists can benefit from an added value to their scientific knowledge such as in the pharmacokinetics and the clinical relevance of angiotensin-receptor antagonists and the threshold for toxicological concern of NDMA impurites.

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5PSQ-148 PHARMACOVIGILANCE AND CLINICAL PHARMACY APPLIED TO MEDICAL DEVICES: SHOULD CANCER PATIENTS BE INFORMED ABOUT THEIR MEDICAL DEVICES?

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Background At our university hospital, the number of cancer patients treated by injectable chemotherapic drugs is increasing. Currently, patients need to be increasingly integrated in their own care and participate in the reporting of adverse reactions. Admittedly, under-reporting of adverse reactions related to medical devices remains a major barrier to evaluate materiovigilance in our institution. As a result, it seems important to regularly provide patients with information on their medical devices used for the administration of injectable chemotherapeutics (MD-Chemo).
Purpose To evaluate the interest in informing patients about MD-Chemo by means of a knowledge assessment questionnaire, and to explain how this can help to promote spontaneous reporting on materiovigilance by cancer patients.
Material and methods This is an observational study of 2 months, carried out at the Functional Unit of Management of Products with Particular Status (UFGPSP) of our pharmacy department during dispensing of chemotherapic drugs to cancer patients by means a questionnaire including nine topics.
Results We were able to carry out 111 interviews wherein interviewed patients showed a low level of knowledge on most of the items discussed. Seven patients did not know the medical devices they were using, and 84 had implantable ports. Among MD-Chemo carriers, 106 patients (95.5%) wished to benefit from additional information concerning their route of administration. Sixty-three patients did not know if there were precautions to take with their medical device, while 105 (94.7%) did not know the signs of a device-related infection. Adverse medical devices' reactions reports issued by cancer patients were non-existent. This situation made it possible to target the missing information that led to the under-reporting.
Conclusion Currently, a series of participatory pharmaceutical interviews are conducted to ensure the best sharing information necessary to ensure compliance and, above all, a good quality of life. In addition, recent integration of adverse reaction reporting into the day-to-day activities of UFGPSP pharmacists, is a good way to increase the number of submitted reports.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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5PSQ-149 SELF-MEDICATION IN CANCER PATIENTS: SURVEY CONDUCTED IN THE PHARMACY DEPARTMENT OF A UNIVERSITY HOSPITAL

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Background The use of self-medication in cancer patients in combination with conventional treatments has increased in recent years. Easy access to information makes it a common practice. In our country, cancer is the second leading cause of death after cardiovascular diseases. In this context, self-medication is a poorly documented practice. It is not without potential consequences.
Purpose To have a preliminary idea of the prevalence of self-medication in our cancer patients undergoing treatment.
Material and methods This was an observational prospective study conducted in December 2017 at the Functional Unit for Management of Products with Special Status (UFGPSP) of our

pharmacy department during chemotherapic drugs-dispensing to cancer patients by means of a questionnaire of 19 questions organised around three items:

- Socio–demographic characteristics.
- Knowledge about recommended treatments and their interactions.
- Drugs and herbal medicine used in self–medication.

Results With an average duration of 9 min per patient, 156 interviews were conducted with a participation rate of 80.77% (n=126). Average age was 52±7.81. The study population was characterised by particularly precarious socioeconomic conditions such as 74 unemployed patients. One-hundred and eleven patients did not know their treatments, 100% of this sample were unaware of any interactions with other drugs, while 19 patients denied any self-medication without medical advice. For the rest of the patients (n=107), the two main reasons for the use of self-medication were: the relief of adverse effects (n=80) and the potentiation of the therapeutic effect (n=22) by use of herbal medicine including Marrubium vulgare and Euphorbia resinifera. The analgesics were in the majority for 66 patients followed by drugs for digestive disorders in 24 patients. Vitamins were taken by 15 patients. For 52 patients who used analgesics, the intake was punctual. It was less than 7 days for 19 patients who consumed drugs from the digestive sphere.
Conclusion A series of pharmaceutical interviews were set up at the UFGPSP to make patients aware of the dangers of self-medication and to inform them about their recommended treatments, the management of adverse effects and the main risky interactions to avoid.

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5PSQ-150 TRADITIONAL MISUSE OF CAMPHOR POWDER: CONCERNING TWO CASES OF PAEDIATRIC POISONING

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Background In our country recourse to recipes of traditional medicine and homemade cosmetics is very frequent because of the high rate of illiteracy, low purchasing power and the large number of herbalists. Camphor is an inexpensive product, easily accessible and ubiquitous in almost all homes, making it a potential toxic for misuse, especially in children.
Purpose To present the story of two cases of intoxication consecutive to a beauty recipe based on camphor powder, in order to describe the importance of the sensitisation role exercised by the clinical pharmacist during the discharge interview.
Material and methods We analysed the files of the two patients during their hospitalisation in June 2018, and then we conducted face-to-face interviews with the mothers of the addicted children, and the attending physician.
Results The anamnesis gave information on a poisoning with a synthetic powder based on camphor imported from China in the two patients.

Patient 1: Girl aged 2 months, without antecedents, admitted to the paediatric emergency department in a state of ceaseless crying with a refusal of food. The clinical examination was without any particular characteristics. The standard biological test was normal. The infant was under neurological, digestive and cutaneous supervision.

Patient 2: Girl aged 6 years, admitted following atonic seizures with syncope and foam, followed by an installation of abdominal pain accompanied by food vomiting following ingestion of the milk. Evolution was favourable after 48 hours of symptomatic management.

The interview with the mothers revealed that they were two neighbours who received a traditional recipe for the hair care of a third neighbour after which they mixed camphor powder with olive oil, then applied it to their children's hair for 1 hour, causing the appearance of these signs. As a result, a 30 min exit pharmaceutical interview was given to mothers to explain the dangers of using excessive traditional recipes.
Conclusion The interview with the mothers revealed that three other people used this preparation for their children, except that the duration of exposure was less than 30 min, which could justify the absence of harmful symptoms. It is advisable to integrate items on traditional recipes during pharmaceutical interviews with patients.

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5PSQ-151 ARE PROPOFOL EMULSIONS STABLE WHEN INTRAVENOUSLY CO-ADMINISTERED WITH REMIFENTANIL?

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Background Propofol, a general anaesthetic, and remifentanil, an opioid analgesic, are used to both induce and maintain sedation. They often need to be administered simultaneously via the same venous catheter lumen. This predisposes to potential compatibility issues with undesirable consequences such as catheter obstruction and, ultimately, embolism. Propofol is a fat emulsion and available formulations differ considerably in fat composition. Diprivan contains 100% pure long chain triglycerides (LCT) whereas Propolipid and Propofol-Lipuro contain 50% LCT and 50% medium-chain triglycerides (MCT). The three formulations also differ in the type and amount of other excipients. There is no exhaustive information on all three propofol formulations.
Purpose Our aim was to determine and compare the emulsion stability of propofol formulations Propolipid, Propofol-Lipuro and Diprivan when administered together with remifentanil.
Material and methods To simulate Y-site compatibility, remifentanil (Ultiva) 50 µg/ml was mixed in vials with 10 mg/ml concentrations of Propolipid, Propofol-Lipuro and Diprivan, respectively. The mixing ratios of remifenatnyl:propofol were1:1 and 10:1. Controls consisted of each propofol formulation