pharmacy department during chemotherapeutic 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.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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No conflict of interest.

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 remifentanyl, 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 remifentanyl.

Material and methods To simulate Y-site compatibility, remifentanyl (Ultiva) 50 µg/ml was mixed in vials with 10 mg/ml concentrations of Propolipid, Propofol-Lipuro and Diprivan, respectively. The mixing ratios of remifentanyl:propofol were 1:1 and 10:1. Controls consisted of each propofol formulation