Results The pH was stable with barely any oscillations during the period of study. The data obtained for formulation 1 was: 8.476 ± 0.012 (sample 1), 8.544 ± 0.01 (sample 2) and 8.547 ± 0.018 (sample 3). For formulation 2 it was: 6.777 ± 0.026 (sample 1), 6.373 ± 0.005 (sample 2) and 6.382 ± 0.003 (sample 3).

The homogeneity of the formulations remained stable. The OC fluctuated significantly during the period of study. The colour of formulation 1 evolved from amber and opaque to dark brown, and the smell evolved from sweet to metallic and the taste (bitter-sweet) remained stable. In formulation 2 the opaque white colour and the disagreeable metallic smell remained unchanged. The taste changed, from very bitter to salty.

Conclusion In both formulations the pH remained stable.

The formulation based on raw material presents significant changes in OC, mainly in colour.

With regard to the formulation whose elaboration is made from capsules, the OC remained more stable.

As a result of this, it was decided to establish formulation 2 as a preferential formula in spite of its more disagreeable taste.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

3PC-047

EVALUATION OF THE EFFECTIVENESS AND SATISFACTION OF THE MASTER SUSPENSION FORMULA FOR MUCOSITIS ELABORATED IN A TERTIARY HOSPITAL

E Conesa Nicolás*, AM Chica Marchal, AC Viney, S Nuñez Bracamonte, A Lloret Llorca, C Juez Santamaría, CN García Matillas, MS García Simón, MDM Sanchez Catalicio. *Hospital General Universitario Santa Lucía, Servicio de Farmacia, Cartagena- Murcia, Spain*

10.1136/ejhp-2019-eahpconf.128

Background Mucositis is a complication arising from chemotherapy that reduces the quality of life of a cancer patient. Its prevention and treatment are important.

Purpose To evaluate the effectiveness and satisfaction of the suspension for mucositis elaborated in the pharmacy service, destined for patients with mucositis as a consequence of cytostatic treatment, in order to identify where improvement is needed.

Material and methods Observational descriptive study for 1 month. Patients who attended the oncohematological day hospital to receive treatment and to pick up the suspension for mucositis were included. The master formula was composed of nystatin, methylprednisolone, mepivacaine, gentamicin and 1/6 M bicarbonate.

All the patients who agreed to participate in the study were given an anonymous questionnaire. It included information about demographics, pathology, (degree of mucositis according to the World Health Organisation), tolerability, effectiveness and patient satisfaction. The replies referred to qualitative dichotomous or polytomous variables, with nominal or ordinal gradations. The replies were analysed via an Excel 2010 spreadsheet.

Results Sixty-nine questionnaires were collected.

Twenty-six were men and four were excluded from the study for lack of information. The average age of the patients was 63 ± 10.83 years old.

The patients were classified based on the degree of mucositis: 21 patients grade 0, 19 grade 1, 23 grade 2, one grade 3 and one grade 4.

Fifty-six patients (86.15%) indicated a considerable improvement in symptoms after the use of the master formula after 2–4 days of use. In five (7.69%) patients there was no improvement.

As for the taste, the valuation of the majority (64.68%) was that it was disagreeable.

In general, the valuation of the master formula was: 1 (3.07%), 2 (9.23%), 3 (40%), 4 (36.92%) and 5 (10.77%), 1 being nothing, 2 being a little, 3 being quite a bit, 4 being a lot and 5 being totally satisfactory.

Conclusion The master formula for mucositis elaborated in the pharmacy service is effectiveness in the control of the symptoms of mucositis in more than 90% of patients.

The patients showed a high degree of satisfaction globally, palatability being the factor that required improvement. As an opportunity to improve we found the study of flavourings compatible with the formula and that they did not interfere with the therapeutic effect.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

3PC-048

ORAL MUCOADHESIVE DEXAMETHASONE 0.1% (M/M) GEL: A STRATEGY FOR MOTOR INHIBITORS MUCOSITIS

^{1,2}AF Cosme Silva*, ³A Castro, ⁴A Ferreira, ⁴H Luna Pais, ³V Rodrigues, ⁵JP Cruz, ⁶A Duarte, ²S Simões, ⁷C Eleuterio, ²AJ Almeida, ²J Marto. ¹Hospital de Santa Maria, Pharmacy and Paediatrics, Lisbon, Portugal; ²iMed Ulsboa, Pharmaceuticals, Lisbon, Portugal; ³Hospital de Santa Maria, Pharmacy, Lisbon, Portugal; ⁴Hospital de Santa Maria, Oncology, Lisbon, Portugal; ⁵Hospital de Santa Maria, Pharmacy- Head of Department, Lisbon, Portugal; ⁶Faculdade de Farmácia da Universidade de Lisboa, Microbiology, Lisbon, Portugal; ⁷Faculdade de Farmácia da Universidade de Lisboa, Faculdade de Farmácia da Universidade de Lisboa, Lisbon, Portugal

10.1136/ejhp-2019-eahpconf.129

Background Stomatitis is the most referred adverse reaction during everolimus treatment (in metastatic breast cancer). In a post-commercial study (n=92) the prophylactic administration of an oral solution of dexamethasone resulted in an important reduction in incidence and severity of stomatitis.

In Portugal, there is not any formulation on the market that permits a topical administration of dexamethasone.

Purpose Development, characterisation and stability studies of a new oral mucoadhesive gel of dexamethasone (DEX) at 0.1% (m/m) for prophylaxis/treatment of oral mucositis with an effective topic action, good palatability and ease of use by our patients.

Material and methods A gel was developed without sucrose to obtain chemical and physical properties suitable for the administration, storage and therapeutic compliance.

Full pharmaceutical quality testing was carried out (rheology and adhesion tests). Appropriate stability-indicating analytical methodology was developed to quantify DEX. The microbiological and stability tests were performed during 180 days. The *in vitro* release study of DEX was performed by using Franz diffusion cells. An observational study of its clinical use are still ongoing.

Results A stable formulation of gel was obtained with a period of use of 180 days at $25^\circ\text{C} \pm 3^\circ\text{C}$.