Section 4: Clinical Pharmacy Services

4CPS-001 A REVISION OF PRESCRIBING PUMP INHIBITOR PRESCRIPTIONS IN INTERNAL MEDICINE AND ADDICTOLOGY DEPARTMENT

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Background Proton pump inhibitors (PPIs) are currently a widely prescribed and in a particularly long-term drug class in the elderly.

According to the recommendations of the Haute Autorité de Santé (HAS) of 2009, PPIs must be prescribed only when they are well indicated, and the indication of the treatment as well as the dosage must regularly be reviewed.

Purpose The objectives of our prospective observational study are to evaluate the prevalence of PPI prescriptions in hospitalised patients, as well as the prevalence of prescriptions that do not comply with the recommendations.

Material and methods This study was conducted for 15 days in hospitalised patients in the internal medicine and addictology department. The indication of PPI, the dose, the duration of treatment and the status of the prescription during hospitalisation were noted.

The criteria for compliance were: recommended indication and appropriate dose.

Results Ninety-one adult patients were included in the study. The average age was 60 years' old.

The PPIs were prescribed for 46% of the patients included in the study during their hospitalisation, 30 patients among them continued with the same PPI that they had before the admission, while the active ingredient of PPIs was changed for 10 of them, and stopped for two. Among patients who had a PPI before hospitalisation, 59% have had a prescription for more than 1 year, 25% between 6 months and 1 year, and 9% for less than 6 months.

For the 86% for whom the indication was indicated, it is compliant in 45% of the cases. The main indications were preventing an ulcer in patients with low-dose aspirin, treatment of peptic ulcer and gastroesophageal reflux. Of those, 89% had a dose adapted to the recommendations.

Conclusion This study confirms the problem of unjustified prescription of PPIs with more than half of the prescriptions not complying with the recommendations. The use of long-term PPIs is responsible for many adverse effects and the

medical teams and prescribers must be aware of the importance of a regular reevaluation of PPI prescriptions. To complete the study, the adverse effects attributable to PPIs should be investigated.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Les inhibiteurs de la pompe à protons chez l'adulte, recommandation HAS 2009.

No conflict of interest.

4CPS-002 ANALYSIS AND IMPROVEMENT OF PROFESSIONAL PRACTICES: PRESCRIPTION'S EVALUATION OF PROTON PUMP INHIBITORS IN ORAL ROUTES

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Background Proton pump inhibitors (PPI) continue to be one of the most prescribed drugs, mainly for elderly persons. According to available data, their prescriptions are non-conforming with guidelines in 25%–70% of cases. In the case of the therapeutic class that had an appropriate profile of adverse effects in the short term, their prescriptions are trivialised. Outside of proved adverse effects such as fracture risk, allergic events and digestive disorders, a literature review reports a relationship with new adverse effects such as risk of renal failure and dementia in the long term that should be confirmed by future studies.

Purpose In the context of the mandatory part of contract for quality improvements and efficiency of care between health-care institutions, Regional Health Agency and Health Insurance, a regional audit has been proposed and performed. The purpose of this study is to evaluate the good use of PPI and then improve hospital professional practices.

Material and methods In accordance with the proposed regional methodology, 50 patients' records including 25 aged over 65 years old have been drawn by lot among all clinical poles, with prescriptions of PPI by oral routes in February and April 2018. The regional audit schedule validated by the Observatory of Drugs, Medical Devices and Therapeutic Innovation and Pharmacovigilance Regional Centre permitted the data to be used and calculated the non-conformity percentage. Criteria of concern were: liver failure, history of peptic ulcer, bleeding or bowel perforation, taking nonsteroidal anti-inflammatories, anticoagulant, platelet aggregation, indication, prescribed medication, dose and length of treatment. Criteria conforming were established regarding characteristics, products summary and formal guidelines from the French National Authority for Health and National Agency for Medicines.

Results In total, only 22% of the prescriptions were conforming. Among the 39 prescriptions that were non-conforming, 77% was as a result of indications, 13% resulting from the products and 10% as a result of dose or period non-conforming.

Conclusion This audit proposed fields of improvement to promote the good use of PPI: a feedback to prescribers and information on their good use will be taken. Pooling regional results will enable a synthesis that will be returned to the participating hospitals.