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.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-003 AN EVALUATION OF GASTROINTESTINAL PROPHYLAXIS IN ELDERLY PATIENTS ON ASPIRIN THERAPY

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Background Aspirin is beneficial for the secondary prevention of cardiovascular disease. Unfortunately, it also carries an increased risk for gastrointestinal (GI) injury, especially in patients of advanced age. It has been reported that patients ≥ 75 years are at a substantial risk of GI bleeding when taking aspirin. Proton pump inhibitor therapy was found to decrease this risk, however, safety concerns limit its use in practice.

Purpose To evaluate the prescribing of GI prophylaxis in elderly patients (≥ 75) taking aspirin.

Material and methods GI prophylaxis was evaluated retrospectively in elderly patients (≥ 75) that were discharged from hospital between March 2018 and June 2018 on aspirin therapy. Data on the patient's gender, age, discharge ward specialty, GI prophylactic agent and additional GI bleeding risks (history of peptic ulcer disease, *H. Pylori* infection, concomitant drugs which cause GI bleeding) was collected from discharge summaries and analysed using differential statistics on IBM SPSS Statistics Software v25.

Results The total number of elderly patients (≥ 75) included in this study was 154% and 79.2% of them were taking GI prophylaxis on discharge. The most popular GI prophylaxis agent prescribed was lansoprazole 30 mg (59.0%). GI prophylaxis was prescribed in all the patients with a history of peptic ulcer disease or *H. pylori* infection and 87.2% of patients taking concomitant drugs that increase the risk of bleeding. The cardiac and the geriatric wards discharged the highest number of elderly patients on aspirin. It was found that the cardiac wards discharged more patients on GI prophylaxis (90.6%) than the geriatric wards (72.6%).

Conclusion In conclusion, this study has shown that even though a high proportion of elderly patients (≥ 75) were prescribed GI prophylaxis, there was still some inconsistency in prescribing patterns. Some elderly patients with a high risk of GI bleeding did not have any GI prophylaxis, while those with no additional GI bleeding risks did. This study also found that prescribing patterns differed between different specialties. It is therefore beneficial to develop guidelines for the hospital to follow and to raise awareness among prescribers and clinical pharmacists regarding the use of appropriate GI prophylaxis in elderly patients on aspirin therapy.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-004 PERTINENCE OF THE PRESCRIPTION OF STRESS ULCER PROPHYLAXIS IN INTENSIVE CARE MEDICINE

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Background Stress ulcer is a common complication in patients admitted to the intensive care unit (ICU). Although, a stress ulcer prophylaxis (SUP) is recommended for many patients, the criteria for its initiation are often ignored by clinicians. In addition, SUP might be erroneously continued after ICU or even hospital discharge.

Purpose The goals of this study were: to describe the frequency of the SUP prescription in our adult ICU and to determine its adequacy with local guidelines; and to determine the proportion of patients still receiving SUP on ICU and hospital discharge.

Material and methods Retrospective study conducted in the 35-bed adult medico-surgical ICU of our tertiary care centre. Medical records of all patients admitted between 1 October and 30 November 2017 were screened. Patients with an ICU length of stay shorter than 24 hours or admitted for a gastrointestinal pathology, were excluded. The adequacy of the SUP prescription was assessed on a day-to-day basis, according to our local guidelines. Inadequate prescription was defined as a prescription without an indication or the absence of prescription in the presence of an indication. The continuation of SUP at ICU and hospital discharge (but not its adequacy) was assessed.

Results Among the 372 patients admitted during the study period, 140 (corresponding to 855 patient days (PD)) fulfilled the inclusion criteria. Among them 130 (93%) received a SUP during their ICU stay (796 (93.1%) PD), mostly esomeprazole (686 (86.2%) PD). Overall, the SUP was inadequate (in 558 (65.3%) PD). The prescriptions fulfilled at least one indication listed in local guidelines in only 253 (29.6%) PD. SUP was prescribed on ICU discharge in 58 (45%) patients and in 39 (30%) on hospital discharge.

Conclusion SUP was inappropriate (not indicated or forgotten) in around two-thirds of PD. Moreover, the prescription was maintained for many patients on ICU discharge. SUP guidelines and the need for a daily re-evaluation, in particular at the end of the ICU stay, should be stressed to the prescribers.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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No conflict of interest.

4CPS-005 GLP-1 AGONIST LIRAGLUTIDE AS ADD-ON THERAPY IN TYPE 2 DIABETES

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Background

Purpose The aim of this study was to evaluate the real-world efficacy and safety of adding Liraglutide in inadequately controlled patients with oral antidiabetic drugs.

Material and methods This observational study assessed the efficacy and safety of GLP-1 agonist Liraglutide used as add-on therapy in a group of 83 type 2 diabetes (T2DM) patients from a community endocrinology practice in a 6 month period (July to September 2017). We have retrospectively analysed epidemiological, anthropometric and laboratory data.