REFERENCES AND/OR ACKNOWLEDGEMENTS

https://ejhp.bmj.com/content/23/Suppl_1/A243.1

No conflict of interest.

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

[1]A Sant*, [1]J Falade, [2]D Dobla. *[1]University College London, School of Pharmacy, London, UK; [2]North Middlesex University Hospital NHS Trust, Pharmacy Department, London, UK*

10.1136/ejhpharm-2019-eahpconf.152

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 Gl 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

[1]J Piubellini, [2]A Schneider, [2]P Eckert, [1]F Sadeghipour, [1]P Voirol*. *[1]CHUV, Pharmacy, Lausanne, Switzerland; [2]CHUV, Adult Intensive Care Medicine, Lausanne, Switzerland*

10.1136/ejhpharm-2019-eahpconf.153

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.

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No conflict of interest.

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

[1]D Blánquez Martínez, [2]M Hayon Ponce, [1]I Casas Hidalgo, [1]X Diaz Villamarin, [1]ÁS Raquel*, [1]P Nieto Gómez, [1]C Davila Fajardo. *[1]Hospital Universitario San Cecilio, Farmacia Hospitalaria, Granada, Spain; [2]Hospital Universitario San Cecilio, Endocrinología y Nutrición, Granada, Spain*

10.1136/ejhpharm-2019-eahpconf.154

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.

The primary endpoint was changes in glycated haemoglobin (HbA1C) and secondary endpoints included changes in body mass index (BMI), blood pressure (BP), biochemical parameters and percentage of patients reporting adverse effects of therapy.

Data were analysed using SPSS version 20.0 and comparisons of continuous variables were performed using Student's *t* test.

Results Eighty-three patients were included (54.2% male). Mean age 56.76±9.87 years, mean duration of T2DM 9.46 ±5.46 years. Prior to treatment, patients had BMI 37.68 ±6.82 Kg/m^2, systolic BP (SBP) 138.80±15.46 mmHg, diastolic BP (DBP) 82.87±10.16 mmHg, fasting glucose 187.33 ±55.11 mg/dL, HbA1C 8.62%±1.3%, total cholesterol 178.1 ±35.74 mg/dL, LDL cholesterol (c-LDL) 97.66±32.16 mg/dL, HDL cholesterol (c-HDL) 44.54±13.78 mg/dL, triglycerides 197.64±24.19 mg/dL, GOT 29±20.311 U/L and GPT 39.88 ±31.69 U/L.

Clinical and biochemical values at 6 months were: BMI 36.08±6.32 Kg/m^2 (p<0.001), SBP 132.76±12.11 mmHg (p<0.001), DBP 77.41±5.62 mmHg (p<0.000), fasting glucose 165.16±56 mg/dL (p=0.003), HbA1C 7.73%±1.33% (p<0.001), total cholesterol 170.6±39.19 mg/dL (p=0.230), c-HDL 46.25±15.03 mg/dL (p=0.151), c-LDL 87.74±30.5 mg/dL (p=0.007), triglycerides 198.29±22.29 mg/dL (p=0.957), GOT 24.97±12.49 U/L (p=0.051) and GPT 32.76±18.24 U/L (p=0.026). Any adverse effect was reported.

Statistically significant differences were found regarding several variables, such as BMI, HbA1C, fasting glucose, blood pressure, c-LDL and GPT. No differences were found in total cholesterol, c-HDL, triglycerides and GOT.

Conclusion Six-month therapy with Liraglutide improves not only glycemic control (HbA1C, fasting glucose) but also cardiovascular risk factors (BMI, BP, c-LDL), reducing SBP and DBP by 1 to 5 mmHg. Therefore, Liraglutide may offer an alternative therapy for these patients and will help provide extra cardiovascular benefits.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-006 PHARMACIST-LED MEDICINE RECONCILIATION AT DIABETES OUTPATIENT CLINIC

C Camilleri*, L Azzopardi, L Grech. *University of Malta, Pharmacy Department, Msida, Malta*

10.1136/ejhpharm-2019-eahpconf.155

Background Pharmacist-led interventions decrease drug-related problems (DRPs) and improve clinical outcomes. Patients with multiple-drug therapy and patients transitioning across different care settings are at higher risk of experiencing DRPs.

Purpose This study aims at developing an ambulatory clinical pharmacist service at the Diabetic Hospital Out-Patient clinic focusing on medicine reconciliation and transmission of treatment updates to the community pharmacist responsible for patient follow-up.

Material and methods This is an ongoing prospective investigational study. Patients>18 years of age and having at least one anti-diabetic medication are eligible to participate in the study. The clinical pharmacist meets the patients and during a medicine reconciliation session identifies any DRPs that are discussed with the physician. A Transition of Care Document capturing any changes in medication and the current patient treatment is compiled and sent to the community pharmacy, identified by the patient, which is responsible for chronic medications follow-up.

Results Thirty-five patients have been included in the study to date. Fifty-six DRPs were identified and classified into five different categories. Lack or misinterpretation of information was the most common DRP (83%) followed by treatment not according to Joint British Diabetes Societies guidelines (63%), requirement of additional drug (52%) and inappropriate timing of administration and/or dosing intervals (37%).

Metformin (77%) and the statins (49%) were the two most common drugs requiring interventions. The hospital pharmacist provided recommendations for the identified DRPs, either verbally, in the case of educational interventions or written in all other instances. Seven out of eight interventions were accepted by the physicians.

Conclusion The DRPs identified were addressed during the intervention by the hospital pharmacist at the Out-Patients' Clinic and the Transition of Care Document was used to transmit information on updates in treatment to the community pharmacy that follows-up the patient for chronic medication refills.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Pharmacy Department at the University of Malta and the Diabetic Outpatient Clinic at Mater Dei Hospital.

No conflict of interest.

4CPS-007 COST MINIMISATION STUDY: SWITCH VIAL TO PEN IN GERIATRICS

I Castanié*, C Vert, P Puyo, AS Mange, A Pages, C Mccambridge, P Cestac. *CHU Toulouse, Pharmacy Department, Toulouse, France*

10.1136/ejhpharm-2019-eahpconf.156

Background Insulin glargine (IG; original drug and biosimilar) is on the market in vial or pen presentations with different costs. The biosimilar drug is less expensive than the original drug.

Purpose The main objective was to evaluate the incremental cost of changing IG vial by (original and biosimilar IG) pen over a 1 year period and the nurses' implementation and acceptability in geriatric wards.

Material and methods IG prescription (number of UI per patient and IG vial consumption) and costs were retrospectively collected over a 1 year period (August 2017 to August 2018). Nurses answered a survey in each geriatric ward to make an inventory of practices and to assess the acceptability of replacing vials with pens. The comparison of security and ease of use of vial and pen (0 to 10 score, 0 bad possibility and 10 best possibility) were performed using the Wilcoxon signed-rank test.

Results Three-hundred and fifty-three patients were included, and the total cost for 108 vials of IG vials was € 2700, equivalent to 408 pens of IG for € 775.2. The use of vials represents a cost of € 7.65 per patient, whereas the use of pens represents a cost of € 2.19 per patient. Prescribing biosimilars could be a strategic approach to minimise pharmaceutical costs: in our study the use of 408 IG biosimilar pens would represents a cost per patient of € 0.17. In 18 responses to the survey, six nurses did not want to use the pens for various reasons: 'too many pens in the ward', 'waste', 'no