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*

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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*

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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