visibility on the quantity injected'. The pens have a best security assessment (mean score difference=1.94, $p=0.014$) and ease-of-use assessment (mean score difference=3.05, $p=0.007$) rather than vials. Fifty-five per cent of nurses think, mistakenly, that the pen is more expensive than the vial.

Conclusion This study showed that using IG pens rather than vials and biosimilar prescription would be cost saving. This result shows that nurses are ready to accept replacing vials with pens.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-008 IMPACT OF PHARMACEUTICAL INTERVIEW IN PATIENT ACCEPTANCE OF INSULIN GLARGINE'S BIOSIMILAR 100UI/ML

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Background The insulin glargine's biosimilar (IB) has been marketed since 2016, and is far less costly for the healthcare system, but their prescription is not yet predominant. To prescribe a biosimilar, the patient must be informed on what constitutes a biosimilar and must provide his agreement.

Purpose The aim of this study is to assess the knowledge of diabetic patients concerning their therapy by insulin glargine, to inform them about biosimilars and to assess the impact of a pharmaceutical interview in IB patient acceptance.

Material and methods We carried out a prospective study during 2 months (June to July 2018) in our diabetology department. All patients hospitalised with insulin glargine were included. We used a questionnaire to analyse knowledge of the patients about biologics drugs and biosimilars. After a pharmaceutical interview carried out by a resident pharmacist to present biologics drugs and biosimilars to patients, we evaluated, with a questionnaire, their acceptance of biosimilars switch.

Results As of now, the rate of insulin glargine prescription is 71% at the hospital and 54% in our diabetology unit. Fifty-four patients were included (sex-ratio: 0.64; average age: 51, SD:19.51; Type-1 diabetes: 48%). Among these, 17% were using IB. Ninety-four per cent of the patients did not know what a biologic drug was. Among the patients using IB, 89% did not know they were having an IB. Ninety-eight per cent of patients included wanted to receive information about biosimilars during a pharmaceutical interview. After being informed about biosimilars, 85% of patients would be in favour of the biosimilars switch.

Conclusion This study shows that there is a real lack of patients' knowledge and information concerning insulin therapy and biosimilars. It also proves that pharmaceutical interviews can improve the acceptance of biosimilars switch. Information sheets will be used in pharmaceutical interviews to improve this knowledge and, at the end, to improve the prescriptions of the IB. Training sessions for the residents could be also established to reach the IB prescriptions' objective. This will help to improve the acceptance of the IB with

diabetic patients and to assess the potential economic impact of switching the insulin with a biosimilar.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-009 EVALUATION OF THE SAFETY OF INHIBITORS OF THE CO-TRANSPORTER 2 IN A UNIVERSITY CARE HOSPITAL

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Background Sodium-glucose co-transporter 2 (SGLT2) inhibitors are used in patients diagnosed with type-2 diabetes, either alone or in combination with other anti-diabetic drugs. Recently, the Spanish Agency of Medicine and Health Products published several informative notes warning of serious adverse events caused by these drugs. Furthermore, they are more expensive than the alternatives and the efficacy seems to be lower, so it becomes especially important to clarify the risks associated with their use.

Purpose To evaluate the safety of the treatment with inhibitors of the co-transporter 2 in patients with type-2 diabetes.

Material and methods A retrospective and observational study was performed in a university hospital. Between January 2017 and August 2018, patients who had active treatment with canagliflozina, empagliflozina or dapagliflozina in their discharge reports were selected.

Data collected and obtained from medical history records, were: sex, age, drugs' reactions, time in treatment, total number of drugs and which service prescribed the drug. Later, the Karch-Lasagna modified algorithm was applied in order to analyse the relationship between treatment and the occurrence of adverse effects.

Results One-hundred and ten patients were selected, out of which 25 (22.7%) had 30 adverse events, which were: 15 infections of the urinary tract, nine gastrointestinal symptoms, three non-traumatic amputation of the lower limbs, two dry mucous membranes and one ulceration.

The median age of the patients with drugs' reactions was 75 years, the majority being women. The median of the total drugs that patients had was 10. The Karch-Lasagna modified algorithm was applied and all gastrointestinal symptoms, ulcers and dryness of mucous membranes obtained a conditional category. On the other hand, urinary tract infections were conditional in 11 patients and possible in four. Regarding amputation, one was conditional and two possible.

Nine of the patients suspended treatments after adverse events, however, 16 continued. The drugs were prescribed mostly by the internal medicine and cardiology department.

Conclusion There was a high percentage of patients with adverse drug reactions (22.7%). Urinary tract infections and non-traumatic amputation of the lower limbs were adverse events with greater accountability, which coincided with the informative notes published. Therefore, the risk-benefit relationship should be closely valued before using SGLT2 inhibitors.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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