

72 hours was satisfactory, respectively 67.96% (n=70), 81.55% (n=84), 82.75% (24/29 associations) and 65.04% (n=67). The compliance of the treatment duration was only 43.68% (n=45). Controlled dispensing showed interest in total antibiotic treatment duration: 76.69% vs. 34.95% compliance for non-controlled dispensed beta-lactams (p=0.02).

Conclusion The prescription or not of broad-spectrum betalactamines is a multifactorial and complex act, but the compliance regarding the duration of treatment could be improved, in particular by a strengthening of the controls of prescriptions.

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4CPS-065 CLINICAL IMPACT EVALUATION OF IMPLEMENTING ANTIBIOTHERAPY CONTROL OF MORE THAN 7 DAYS

¹Y Moutaouakkil*, ²Y Tadlaoui, ²Y Atbib, ¹B Adouani, ²A Bennana, ¹Y Cherrah, ²J Lamsaouri, ¹Y Bousliman. ¹Pharmacy Pole-Military Hospital of Instruction Mohammed V Rabat, Department of Pharmacology – Toxicology- University Mohammed V- Faculty of Medicine and Pharmacy-, Rabat, Morocco; ²Pharmacy Pole-Military Hospital of Instruction Mohammed V Rabat, Department of Pharmacy Clinic- University Mohammed V- Faculty of Medicine and Pharmacy-, Rabat, Morocco

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Background Bacterial resistance is a major preoccupation and the correct use of antibiotics is a global public health priority.¹ The inappropriate use of antibiotics, particularly the increase in duration, can have serious consequences in terms of ecological and pharmaco-economic factors.

Purpose The study aim was to set up a systematic control of antibiotherapy exceeding 7 days by evaluating its impact.

Material and methods From January to June 2018, all curative antibiotherapy up to 7 days have been detected by the pharmacist. The expected treatment durations were all re-evaluated, in consultation with the initial prescriber, according to the clinical situation and the recommendations and data available on treatment durations.

Results A total of 97 antibiotic treatments prescribed for more than 7 days have been re-evaluated. The indications were mainly osteoarticular (n=14), urinary (n=24), pulmonary (n=15), skin and soft tissue (n=18), digestive (n=22) and endocarditis (n=22)=4). The expected duration was justified in 78 cases (80.41%) and could be shortened in 19 cases (19.58%). For the latter, 15 (15.46%) involved urinary tract infections and four (4.12%) pulmonary infections. Prescribers accepted the shorter duration proposal in 17 cases, an acceptance rate of 89.47%. For these patients, the median duration of treatment increased from 14 days (originally planned duration) to 8 days (actual duration). In total, 105 days of antibiotic therapy were saved. Regarding the 17 patients whose duration was shortened after surgery, the clinical course was favourable for all patients and no adverse effects were observed.

Conclusion The establishment of the antibiotherapy control of more than 7 days, by the pharmacist, can make it possible to reduce the duration of treatment and to decrease the frequency of the undesirable effects, without an impact on the clinical evolution of the patients.

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4CPS-066 ADHERENCE OF PATIENTS RECEIVING ANTIBIOTIC THERAPY AFTER HOSPITALISATION

¹EE Nagy*, ¹N Gyimesi, ¹A Bor, ²L Fényes, ¹A Süle. ¹Péterfy Hospital and Trauma Centre, Department of Pharmacy, Budapest, Hungary; ²Péterfy Hospital and Trauma Centre, Department of Septic Surgery, Budapest, Hungary

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Background The vast majority of patients (73%) from the septic surgical ward were discharged with a prescribed antibiotic. Because of the specificity of infections, optimal persistence to drug therapy is essential in achieving optimal clinical outcome.

Purpose To map the factors influencing the adherence and to develop a patient information package based on the results.

Material and methods Based upon a standard, three-part questionnaire, discharged patients were telephone-interviewed by a clinical pharmacist. The questions focused on patient's knowledge on therapy, measured the adherence and surveyed side effects. Medicines prescribed for patients were collected from the hospital's medical documentation system. Factors influencing adherence were analysed using statistical methods. Data was aggregated in Microsoft Excel and R programs.

Results Seventy-five patients were discharged from the ward with antibiotic prescriptions between December 2017 and February 2018. Of these, 44 patients were interviewed by telephone and involved in the study. The most frequently prescribed antibiotics were amoxicillin-clavulanic acid (12 cases), cefuroxime (11 cases) and ciprofloxacin (eight cases). Although a significant proportion of respondents (32 patients; 73%) considered it easy to comply with the therapy and believed that they had sufficient information on the prescribed antibiotic, only 23 patients met the criteria of being well informed. Forty-one per cent of respondents used the drug inappropriately in relation to the prescribed dose. Eighteen reported at least one missed dose. After discharge, nine patients did not immediately get the prescribed antibiotics and three patients did not purchase the prescribed drug. Side effects were mentioned by 11 patients, most commonly diarrhoea and abdominal discomfort. Considering optimal drug use, statistically significant differences were found between patients established as well informed and those who were established as inadequately informed (χ^2 -test, P-value=0.0144).

Conclusion Taking into account the significant factors revealed, patients' education in their therapy is critical in achieving optimal adherence. Based on the results of the survey, a patient information package was set up on the prescribed antibiotics to provide more efficient and safer medicine use in the patient's home-based therapy.

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