mental health units who initiated long acting injectable antipsychotic treatment (monthly aripiprazole 400 mg (MA), monthly paliperidone 150 mg (MP) or quarterly paliperidone 525 mg (QP)) between April and September 2017. Anthropometric data, injectable antipsychotic treatment and psychiatric diagnoses were collected. Active treatments, discontinuations and changes in drugs, formulations (monthly/quarterly) and doses were recorded in April 2018 and April 2019.

Results A total of 113 patients were included. Treatments were 46.0% (52) MA, 40.7% (46) MP and 13.3% (15) QP. Average ages (MA, MP, QP) were 41.75 ± 12.8 , 47.70 ± 14.9 and 44.13 ± 7.1 years, respectively, and the number of men were 56.69%, 76.09% and 93.33%, respectively. Diagnoses (MA, MP, QP) were paranoid schizophrenia in 55.77%, 54.35% and 53.33%, respectively; substance abuse related disorder in 7.69%, 4.35% and 6.67%, respectively; simple schizophrenia in 17.31%, 10.87% and 13.33%, respectively; intellectual disability in 3.85%, 4.35% and 0%, respectively; personality disorder in 1.92%, 4.35% and 0%, respectively; and other in 13.46%, 21.73% and 26.67%, respectively.

In April 2018, 90.38% (47) of MA patients maintained treatment, while 9.62% (5) discontinued treatment. A year later, 76.92% (40) maintained treatment, 5.77% (3) changed doses and 17.31% (9) had discontinued their treatment.

For MP, 58.70% (27) continued with treatment in the first year, 19.57% (9) changed to QP, 6.51% (3) changed doses but maintained the monthly administration and 15.22% (7) interrupted treatment. In the second year, 50.00% (23) maintained treatment, 17.39% (8) changed to QP and 10.87% (5) changed dose. Treatment was interrupted in 21.74% (10) of patients at the end of the study.

For the QP group, 53.33% (8) maintained treatment in the first year while 26.67% (4) required a change to MP and 20.00% (3) interrupted treatment. At the end of the study, 40.00% (6) maintained treatment, 26.67% (4) continued with MP, 6.66% (1) changed to MA and 26.67% (4) discontinued treatment.

Conclusion and relevance A good maintenance rate was observed with MA and MP over 2 years. In contrast, half of the patients receiving QP had to interrupt their treatment during the first year due to a short acting duration. Almost a third of QP patients had to restart treatment with MP. In conclusion, the maintenance rate was higher in monthly presentations than in the quarterly presentation.

REFERENCES AND/OR ACKNOWLEDGEMENTS

N/A

No conflict of interest.

4CPS-167 EVALUATION OF PHARMACEUTICAL INTERVENTIONS: IMPROVEMENT PLANS

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10.1136/ejhp-2020-eahpconf.268

Background and importance Medication errors are frequent in the hospital setting, increasing the morbidity and mortality of patients. The pharmacist detects medication errors, preventing the appearance of medication related problems through pharmaceutical care and pharmacotherapeutic follow-up.

Aim and objectives To evaluate pharmaceutical interventions and the degree of acceptance, and to evaluate the quality of interventions and optimise the process.

Material and methods A descriptive retrospective study of 3 years' duration of the interventions performed (October 2016–September 2019) was carried out. After reviewing and validating the electronic medical prescriptions and communicating to the responsible physician any possible medication errors detected by electronic messaging or by telephone, the pharmacist recorded the interventions performed daily in a database, classifying for further analysis.

Results A total of 5137 interventions were recorded in 4032 patients. Of these, 3032 were accepted after communicating them to the prescribing physician. A total of 25.36% of the interventions were related to therapeutic duplications, 13% to drug interactions, 12.09% to documented drug allergies, 10.6% to dose error (66% excessive dosage and 34% insufficient dosage), 8.6% required clarification/request for information because of an incomplete medical order, 8.75% were inappropriate or unavailable pharmaceutical form, 8.5% were medications not included in the hospital guide and 5.5% were inappropriate dosage range. etc. The services with the highest number of interventions were internal medicine 1436; pneumology 359; neurology 356; cardiology 350; digestive 349; oncology 335; infectious diseases 290; traumatology 189; and psychiatry 183. The degree of acceptance of the interventions in the internal medicine service was 49%; digestive (79%); pneumology (76%); neurology (73%); and cardiology (75%).

Conclusion and relevance Pharmaceutical interventions improve the quality of care and patient safety by reducing medication errors. The service with the highest number of interventions was internal medicine, although the degree of acceptance was not very high. These results highlight the importance of pharmaceutical interventions and suggest the need to implement an automatic registration system for the interventions performed, integrated into the electronic prescription programme, in order to facilitate interventions and promote their acceptance.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-168 DEVELOPMENT OF A BELGIAN CLASSIFICATION SYSTEM FOR CLINICAL PHARMACY ACTIVITIES

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10.1136/ejhp-2020-eahpconf.269

Background and importance Registration of clinical activities and interventions is essential for an objective evaluation of the pharmacist's contribution to pharmacotherapy. However, in Belgium, a nationally standardised classification system is lacking, prohibiting structured and uniform registration of drug related problems (DRPs) and pharmaceutical interventions (PIs), thus complicating benchmarking and feedback to management and government.

Aim and objectives To develop and validate a Belgian classification system for clinical pharmacy activities, based on the literature and stakeholders' opinions.

Material and methods Firstly, existing classification systems for DRPs and PIs were identified through a systematic literature review. Secondly, through a nationwide electronic survey (Snap Surveys; June–July 2018) we assessed current registration practices of Belgian hospital pharmacists and their opinions