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; 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**

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

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**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.
regarding an ideal registration system. This information was used to develop a preliminary version of the classification system, which was further evaluated by major stakeholders (hospitals, universities, government) during a focus group discussion (September 2018). A final version was validated and assessed for interrater reliability in a second nationwide electronic non-Delphi survey (March–April 2019), comprising the classification of DRPs and PIs in 45 theoretical cases. Participants were also asked to score interpretability, user friendliness and user satisfaction.

Results Following the literature review, 22 classification systems were identified, all with different categories and numbers of categories. Both the survey and focus group discussion revealed that the use of validated systems is very scant, but desirable in Belgium, with practicality and time investment as the most important characteristics. The final classification system included seven clinical activities, grouped into four activity classes. The most extensive activity class (i.e., medication review) included 29 DRPs and 22 PIs. Forty-four hospital pharmacists participated in the validation study. Interrater reliability was substantial for the DRPs (Fleiss’ $k=0.731$) and PIs (Fleiss’ $k=0.784$). The classification system was found to be user friendly, with good interpretability and user satisfaction, resulting in a very high interest to use our system in daily practice.

Conclusion and relevance A classification system, adapted to Belgian clinical pharmacy activities, was developed and validated, and was well received by hospital pharmacists. The final version will be promoted at different levels for use in daily practice.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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