from 8.1±3.2 to 6.5±3.2, which is a reduction of 1.6 drugs/patient.

Conclusion and relevance Physician acceptance of the proposals was high, but almost one half were not carried out despite having been visited. Most pending proposals could be due to organisation or registration mistakes. Suggestions for improvement: (1) to stratify patients according to clinical characteristics that allow prioritisation; (2) to add in situ review of the drug's kit at home, thus allowing a thorough check, including adherence, isoappearance, conservation and administration.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-208 NUTRITIONAL SUPPORT IN ONCOLOGY: A CROSS SECTIONAL STUDY AMONG CANCER PATIENTS

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Background and importance Malnutrition is a high risk health complication that occurs with cancer. Deterioration of nutritional status in cancer patients increases morbidity and mortality, decreases the efficacy and tolerance of oncology treatments and decreases quality of life. Patient information and knowledge of their illness, treatment and nutrition allows them to participate in their own care, manage undesirable effects and prevent malnutrition.

Aim and objectives To evaluate the prevalence of malnutrition, and to assess nutritional knowledge and eating habits in cancer patients.

Material and methods This was an observational descriptive study based on a questionnaire, conducted in the unit of oncology at a university hospital centre. Malnutrition was defined as a body mass index (BMI) <18.5 in patients aged <75 years old or <21 in patients aged ≥75 years old.

Results A total of 216 questionnaires were analysed. The extremes of age ranged between 28 and 79 years with an average age of 44 years. Objective evaluation of nutritional status showed that 48% of patients were malnourished. Our population of patients had poor knowledge of the nutritional problems caused by cancer, with a rate of 78%, and 88% did not benefit from nutritional monitoring by a dietitian. The most common causes of the decline in food intake were loss of appetite (84%), taste loss (45%), nausea and swallowing disorders (26%), loss of smell (19%), vomiting (18%) and abdominal pain (15%).

Conclusion and relevance The prevalence of malnutrition was high in patients with cancer, and nutritional care seemed insufficient. An improvement in the information tools on nutrition and cancer available to patients is required.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-209 AN EXPLORATION INTO A PHARMACIST-LED MEDICINES RECONCILIATION SERVICE IN AN ACUTE HOSPITAL SETTING

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Background and importance Accurate medication records are essential in preventing errors, avoiding harm, aiding diagnosis and treatment planning. Prescribing errors are more prevalent on hospital admission[1] [2]Medicines reconciliation (MR), 'the formal process in which healthcare professionals partner with patients to ensure accurate and complete medication information transfer at interfaces of care', ensures accurate medication record generation.[3] MR is undertaken to varying degrees in many institutions, by a variety of healthcare professionals, each with their own focus, priorities and methods.[4] MR is a WHO patient safety priority outlined in the High 5s Project.[3]

Aim and objectives To determine views and opinions of doctors towards a pharmacist-led MR service in an acute hospital and to ascertain what doctors identify as MR barriers and facilitators.

Material and methods A self-completion questionnaire using mixed methodology was conducted. This involved analysing data both qualitatively and quantitatively. Data were collected simultaneously. Inclusion criteria: all doctors working at the Mater Misericordiae University Hospital (MMUH). Exclusion criteria: none. Data were analysed on site using a password protected spreadsheet on Microsoft Excel. Detailed content and thematic analysis were performed to identify common concepts. A 10% proportion of the data was checked by an independent reviewer

Results The positive impact on patient care and safety demonstrated by MR was acknowledged by 98% (n=50): 94% (n=49) agreed MR saved them time while 92% (n=48) recognised MR decreased their workload, 90% (n=46) of participants were satisfied with the MMUH MR service and 94% (n=49) agreed MR was accurate. Participants called for dedication of pharmacy resources to MR (88%, n=46), and service expansion to include all patients on admission, care transition and discharge was advocated by participants (79%, n=41; 86%, n=44; and 79%, n=41, respectively). The most important facilitator was verbal communication of MR discrepancies. The most important barrier was current service limitations. Thematic analysis identified four themes: patient safety (n=33), workload implications (n=9), MR usefulness (n=52) and service development (n=56).

Conclusion and relevance Prescribers viewed the pharmacist-led MR service as a positive useful initiative, saving prescribers time, and increasing patient care and safety hospital wide.

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. Porcelli PJ, Waitman LR, Brown SH. A review of medication reconciliation issues and experiences with clinical staff and information systems. *Appl Clin Informatics* 2010;**1**:442–461.
2. FitzGerald RJ. Medication errors: the importance of an accurate drug history. *Br J Clin Pharmacol* 2009;**67**:671–675.
3. World Health Organization. *Standard operating protocol assuring medication accuracy at transitions in care*, 2014.
4. Barnsteiner JH. Medication reconciliation. In: Hughes RG, editor. *Patient safety and quality an evidence-based handbook for nurses* 2008;**38**:2–459.

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