Background and importance Recently, the number of foreign residents has significantly increased in Japan. At the consultation with physicians, the foreign language speaking patients (FLSP) often utilise medical interpreter services or ad hoc interpreters. However, few studies have reported how such patients receive information in community pharmacies affiliated with hospitals/clinics.

Aim and objectives The objective of the study was to examine how and what pharmacists communicate with FLSP at pharmacies, in the Gunma prefecture, one of the most foreign residential prefectures in Japan.

Material and methods A self-administered questionnaire survey was conducted among the pharmacy members of Gunma Pharmaceutical Association, in January and February 2018. The contents of the questionnaire were divided into two parts: (1) pharmacy system targeting the manager; and (2) pharmacists’ experience and skills. The answers were compared between the foreigner settlement area and the other area.

Results Of the 773 pharmacies, 372 pharmacies responded. Approximately 90% of had ever treated FLSP with English and 25 other languages. For the pharmacists’ experiences, 65% of 844 pharmacist participants had some issues with language, regularly/often. Multilingual instruction tools were prepared in 18.5% of the pharmacies. Of the pharmacies without the tools, 54% did not know of the availability of these tools. As a means of communication, ‘accompanying acquaintance and family member interpreter’ was used significantly more often in the foreigner settlement area than in the other area. Most common medication instructions for FLSP were: how to take, how to follow and confirm the effects of the medicines. All were explained significantly better in the foreigner settlement area than in the other areas.

Conclusion and relevance Regardless of where pharmacies are located, it is recommended to introduce multilingual instruction tools for FLSP.

REFERENCES AND/OR ACKNOWLEDGEMENTS
No conflict of interest.

Background and importance Prostate cancer is a common tumour in elderly men. Treatment with abiraterone and enzalutamide increase survival and therefore it is important to assess adherence and interactions of these treatments.

Aim and objectives Our objective was to determine adherence to abiraterone or enzalutamida and interactions in patients with castration resistant prostate cancer (CRPC).

Material and methods This retrospective observational study included patients with CRPC receiving abiraterone or enzalutamida for at least 4 months. Demographic data were obtained from the computerised medical history. Adherence was measured by combining the Morisky–Green questionnaire and the dispensing record. Search and classification of the interactions was obtained from Drugs.com

Results Thirty-seven patients were included, with an average age of 74 years (SD 5). The average number of medications consumed by these patients was 7 (SD 2.5). Comorbidities averaged 5 per patient. All patients were adherent according to the Morisky–Green questionnaire, and combined with the dispensing records, adherence to abiraterone was 85% and 92% to enzalutamida.

Pharmacological interactions were major interactions in 21% of cases, of which the most frequent was amiodarone and abiraterone. Moderate interactions occurred in 65% of patients, the most frequent being enzalutamide with lipid lowering agents (atorvastatin, simvastatin) and enzalutamide with proton pump inhibitors (omeprazole, esomeprazol): 14% of patients had no drug interactions.

Conclusion and relevance In these patients, good adherence to enzalutamide and abiraterone was found. All interactions classified as major were monitored. All patients with CRPC required pharmaceutical care.

REFERENCES AND/OR ACKNOWLEDGEMENTS
No conflict of interest.