

4CPS-210 PHARMACISTS' COMMUNICATION WITH FOREIGN LANGUAGE SPEAKING PATIENTS IN A FOREIGNER SETTLEMENT AREA, JAPAN

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10.1136/ejhp-2020-eahpconf.311

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 use, how to follow and confirm the effects of the medicines, and how to confirm the side 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.

4CPS-211 ADHERENCE AND INTERACTIONS IN PATIENTS TREATED WITH ABIRATERONE AND ENZALUTAMIDE

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10.1136/ejhp-2020-eahpconf.312

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 enzalutamide and interactions in patients with castration resistant prostate cancer (CRPC).

Material and methods This retrospective observational study included patients with CRPC receiving abiraterone or enzalutamide 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 enzalutamide.

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, esomeprazole): 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.

4CPS-212 HEALTHCARE PROVIDERS' VIEWS OF PHARMACY TEAM INVOLVEMENT IN THE PREPARATION AND ADMINISTRATION OF MEDICINES ON INPATIENTS WARDS: AN EXPLORATORY STUDY

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10.1136/ejhp-2020-eahpconf.313

Background and importance Lack of nursing staff, interruptions when preparing and administering medicines, and lack of knowledge can increase the risk of medication errors. The involvement of the pharmacy team in the preparation and administration of medicines on hospital wards has been highlighted as an opportunity to provide better guidance and support to nurses, enhance patient safety and improve service delivery. However, to date there is no evidence on this development in our country.

Aim and objectives To explore in depth the views of healthcare professionals towards pharmacy team (pharmacists and pharmacy technicians) involvement in the preparation and administration of medications on inpatient wards in a general hospital.

Material and methods Semi-structured, one to one interviews were conducted with a purposive sample of various healthcare professionals from the country's main general hospital between February and June 2018. A topic guide was developed to explore the acceptability and extent of involvement, including

related limitations and benefits. The interviews were audio recorded, transcribed verbatim and analysed using framework analysis. Ethical approval was obtained from the participating hospital.

Results Thirteen healthcare providers from various clinical areas (medicine, surgery, critical care and emergency) were interviewed: two pharmacists, three pharmacy technicians, seven nurses and one doctor. Interviews lasted on average 20 min. All participants had overall positive views towards pharmacy team involvement. However, there were mixed opinions on the extent of involvement. All participants (with the exception of both clinical pharmacists) agreed that pharmacists and pharmacy technicians can be directly involved by administering oral medications and reconstituting medicines on wards. However, clinical pharmacists felt that direct involvement may be intrusive to nurses. Therefore, they suggested that pharmacists can be indirectly involved by providing advice on preparation/administration processes and in identifying and solving incompatibilities. The perceived benefits of such involvement were less errors and delayed treatment. However, limitations of practical experience, service costs and lack of staff were identified.

Conclusion and relevance In this exploratory work, attitudes towards involvement were overall favourable, however various levels of involvement were identified. Therefore, further work should investigate the extent of involvement and feasibility across different clinical areas. These findings add to the evidence base, the acceptability and development of pharmacy team involvement across various clinical areas.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-213 PATIENT PERCEPTIONS OF GENERIC MEDICINES 20 YEARS AFTER THE RIGHT OF SUBSTITUTION BY PHARMACISTS

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10.1136/ejhpharm-2020-eahpconf.314

Background and importance In France, since 1999, pharmacists have been authorised to substitute the original medicine with a generic product, provided the patient agrees and that the doctor has not excluded a drug by affixing, in handwritten words, 'not substitutable' on the prescription. The success of generics depends on the propensity of the patient to accept substitutions.

Aim and objectives The aim of the study was to determine patient perceptions of generic drugs 20 years after the substitution right was granted to pharmacists.

Material and methods We carried out a survey from 1 April to 30 June 2019 on a sample of people representative of the French population aged 18 years and over, through an online questionnaire using the Cawi system (Computer Assisted Web Interview) and in paper format. A questionnaire of 17 questions was developed. The questionnaire was validated by a sample of 20 randomly selected people. Feedback from these people helped with adjustment of the questionnaire before the survey was conducted.

Results We collected 467 questionnaires (264 paper questionnaires and 203 online questionnaires). Of these, 42% of patients reported high confidence in generic drugs and

45.6% freely chose generics. We found that 57% of patients accept unreservedly the generic substitution when it was proposed by the pharmacist (vs 49.7% in the survey by Ostan¹): 73% said generic drugs are as effective as brand name drugs; 81% said generic drugs have as many side effects as brand name drugs; 15% of patients reported that generic drugs have more side effects and 4% reported the opposite; and 12% of patients said they were asking for 'non-substitutable' on their prescription (vs 20.3% in the survey of Ostan¹). In 34% of cases, this statement 'not substitutable' was a doctor's decision. Also, 1% of patients reported not knowing generic drugs.

Conclusion and relevance In our study, 45.6% of the general public freely chose generic drugs. This reached 57% when generic drugs were offered by pharmacists. Lack of knowledge about generic drugs affects patients' perceptions of generic medicines. To overcome this lack of confidence, we have developed an information leaflet on generic drugs.

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No conflict of interest.

4CPS-214 IMPROVING INTRAVENOUS TO ORAL SWITCH BY IDENTIFYING AND TACKLING BARRIERS PERCEIVED BY PHYSICIANS AND NURSES

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10.1136/ejhpharm-2020-eahpconf.315

Background and importance Appropriate and timely switching of drugs from intravenous (IV) to oral administration is a good, safe and cost effective intervention. However, IV to oral switch guidelines are not always adhered to adequately.

Aim and objectives The aim of this study was to investigate how hospital pharmacists can promote IV to oral switches.

Material and methods An interventional before and after study was performed in a 500 bed regional hospital. Physicians and nurses completed a structured questionnaire asking about switch criteria, the main barriers for not switching and interventions to improve switch practice. Mean duration of non-appropriate IV therapy and number of IV to oral switches were retrospectively measured based on chart review and validated criteria over a 6 month periods before and after implementing a bundle of tailored interventions on an orthopaedic and geriatric ward.

Results The questionnaire was completed by 36 physicians and 29 nurses. The respondents agreed on the established IV to oral switch criteria. The reasons for not switching despite eligibility were mainly patient centred concerns: the patient feels ill (60%), swallowing difficulties (54%) and suspicion of non-adherence (55%). Interventions that they considered useful were predefined drug orders and reminders in the electronic prescribing system (58.5%) and the pharmacist contacting the prescriber in case of a possible switch (40%). A poster campaign concerning IV to oral switch for acetaminophen and antibiotics was implemented; the powder formulation of acetaminophen was included in predefined drug orders and patient specific advice was given by the pharmacist who checked the prescriptions in the