Background and importance
Fampridine (4-aminopyridine) is a drug whose indication is to improve gait in adult patients with multiple sclerosis with walking disability (EDSS 4–7). It is important to describe adverse effects that occur in certain patients in order to prevent them in the future.

Aim and objectives
To describe two cases of atrial fibrillation in patients who were being treated with fampridine and its possible relationship.

Material and methods
This was a case evaluation of two patients, aged 68 and 74 years, diagnosed with progressive secondary multiple sclerosis, recently receiving treatment with fampridine at a dose of 10 mg every 12 hours. Both patients presented with arterial hypertension and took angiotensin converting enzyme inhibitors. They were referred to the emergency department after arrhythmic cardiorespiratory arrest, and were discharged from hospital. In both cases, oral anticoagulants had been established, they were used for age and biochemistry was not altered. Once the constant measurements were: SABP=140 mm Hg, DBP=85 mm Hg, Ta=36°C, SaO=95% and HR=105 beats/min. There were no signs of ischaemia and/or blockages on the ECG in either of the cases, the haemogram was normalised for age and biochemistry was not altered. Once the constants within the range had been established, they were discharged from hospital. In both cases, oral anticoagulants (acenocumarol) were prescribed, and in one case digoxin (0.5 mg/day), with the consequent suspension of fampridine. The degree of drug/adverse reaction causality was evaluated using the Naranjo algorithm.

Results
Both patients remained in the emergency area until the results of the examination were obtained. The mean results of the constant measurements were: SABP=140 mm Hg, DBP=85 mm Hg, Ta=36°C, SaO=95% and HR=105 beats/min. There were no signs of ischaemia and/or blockages on the ECG in either of the cases, the haemogram was normalised for age and biochemistry was not altered. Once the constants within the range had been established, they were discharged from hospital. In both cases, oral anticoagulants (acenocumarol) were prescribed, and in one case digoxin (0.5 mg/day), with the consequent suspension of fampridine. Naranjo’s algorithm established the causality relationship as ‘probable’ (score of 5). The regional pharmacovigilance centre was notified by yellow card.

Conclusion and relevance
The fampridine data sheet describes tachycardia as a rare adverse effect but does not describe atrial fibrillation. In our patients, there was the previous existence of arterial hypertension. Therefore, we consider it important to monitor hypertension and heart rate in patients treated with this drug. The need to notify the pharmacovigilance centre by means of the yellow sheet should also be noted.

REFERENCES AND/OR ACKNOWLEDGEMENTS
No conflict of interest.
Aim and objectives The aim of the study was to examine PMS behaviours among adults living in the Kingdom of Saudi Arabia (KSA).

Material and methods This was a cross-sectional survey study. The eligibility criteria were an ability to communicate in Arabic or English and age $\geq 18$ years. An online survey (Gascoyne’s questionnaire) was distributed during December 2018 to a convenient sample of 760 participants by the university email network and social media via an internet link leading to a web based survey platform in QuestionPro. Emails and WhatsApp messages were sent by the researcher to her contacts and professional colleagues working in different sectors across KSA. They were encouraged to post the online survey on relevant social media forums using their personal accounts (i.e., Twitter, Facebook, WhatsApp). Statistical Package for Social Sciences (SPSS) 22 was used for data analysis. Ethics approval was obtained from Imam Abdulrahman bin Faisal University.

Results Twenty per cent of participants revealed they would borrow a prescription medication and 32% would lend a prescription medication. The prevalence of borrowing and lending prescription medications were found to be 14% and 16% in 2018 (past year), respectively. Twenty per cent of participants revealed that they had given a medication prescribed for one child to another child in their care, and 75% reported having leftover prescription medicine at home. The majority (90%) had borrowed or lent on 1–3 occasions. A wide range of medications were borrowed and lent, mainly between immediate family members. Different reasons have been identified for medicine borrowing or lending behaviours, such running out of medicines, having the same medical problem and being in an emergency situation.

Conclusion and relevance The findings are consistent with the literature which support the need for further research into the development of successful approaches or interventions to reduce medication sharing behaviour.

No conflict of interest.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

5PSQ-077 PERCEPTIONS ABOUT PRESCRIPTION MEDICATION SHARING AMONG ADULTS IN SAUDI ARABIA: A QUALITATIVE STUDY

Background and importance Prescription medication sharing (PMS) among patients and their family members and friends is a common practice that can lead to serious health risks. However, very little research has investigated PMS from the general public’s perspective.

Aim and objectives The aim of the study was to examine the general public’s attitudes towards, and experiences of, PMS in Saudi Arabia.

Material and methods Qualitative interviews were carried out using Beyene’s questionnaire in the Eastern Province of Saudi Arabia, with 60 Saudi participants, selected via a snowball sampling strategy. Researchers of this study recommended potential participants from their relatives and friends, who met the inclusion criteria, to take part in the study. Those participants then recommended additional participants who met the inclusion criteria for possible study enrolment. Once referred, the researchers then contacted potential participants to explain the study and assess their interest and eligibility. Interviews were conducted either on the telephone or face to face, at a mutually agreeable time and place from November 2018 to April 2019. The eligibility criteria comprised the ability to communicate in Arabic or English, age $\geq 18$ years and taking a prescribed medication. Interviews were conducted as needed until data saturation was achieved. Interviews were audio recorded, transcribed verbatim and analysed thematically using NVivo 10 software. Ethics approval was obtained from Imam Abdulrahman bin Faisal University.

Results Sixty individuals took part in the interviews. The majority of participants were women (75%) and aged 18–24 (48%) years. Five overarching themes were identified in this study: types of shared medications, perceived advantages of sharing medicines, negative experience of sharing medicines, factors influencing medicine sharing practices and diverse approaches used by participants to help them evaluate whether the sharing was risky or not. An exploration of these overarching themes demonstrated many similarities in line with evidence from the international literature, although some differences were also identified which may appear to be specific to the Saudi population.

Conclusion and relevance The findings of this study can be used to inform the development of successful interventions to reduce PMS behaviour.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

5PSQ-078 HEALTHCARE PROVIDERS’ PERCEPTIONS OF PRESCRIPTION MEDICATION SHARING AMONG ADULTS IN SAUDI ARABIA: A QUALITATIVE STUDY

Background and importance Prescription medications can have serious negative health outcomes when they are misused or abused, such as when they are shared. Very little research has investigated healthcare providers’ perceptions of prescription medication sharing (PMS) among adults.

Aim and objectives The aim of the study was to examine healthcare providers’ (HCP) attitudes towards, and experiences of, PMS among adults.

Material and methods Qualitative interviews were carried out using Beyene’s questionnaire in the Eastern Province of Saudi Arabia, with 31 HCPs, selected via snowball sampling. Researchers of this study recommended potential participants from their relatives and friends, who met the inclusion