6ER-014 EDUCATION OF PATIENTS RECEIVING OXYGEN THERAPY

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Background and importance Oxygen is a dangerous medication because of its oxidising properties. Its use can be difficult for patients with respiratory insufficiency. Because of the impact on quality of life, oxygen dependent patients have low therapeutic adherence. This can lead to an increase in rehospitalisations and comorbidities. We have proposed educational sessions about the proper use of oxygen for these patients.

Aim and objectives The aim of the study was to build educational sessions and assess their impact on patient knowledge.

Material and methods The course was a collaboration between pharmacists, pulmonologists, physiotherapists, nurses and an oxygen provider service. It dealt with pathophysiology, oxygen safety, different types of equipment and travelling with oxygen. The sessions took 2 hours, once a month, and involved all patients receiving oxygen therapy in the institution. A hospital pharmacist and a pharmacist from the oxygen provider service moderated the course. Surveys were given to patients during these sessions to characterise the population, to measure the improvement in their knowledge before/after the course and to assess their satisfaction.

Results We collected data from 43 patients. Mean age was 66.1 years and the sex ratio was 1.26. A total of 67.4% of patients used liquid equipment, 74.4% for at least 1 year: 48.8% of patients were hospitalised for pulmonary causes during the last year, 60.5% of patients had never had any education about oxygen therapy and 32.6% went out without their oxygen.

The progression of patients was 4.6 points out of 20 after the educational sessions. The difference was significant ($p < 0.01$, unilateral Student's test, paired values). All patients were satisfied with the educational sessions but 20.9% said they had concentration difficulties.

Conclusion and relevance Oxygen is a treatment with limited compliance due to its impact on the quality of life of patients. The use of this essential medication must be considered at risk because it requires safety information and can cause disorders if misused. The results of this study highlight the interest in educational sessions for patient care.

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No conflict of interest.

6ER-015 RISKS OF PHARMACIST RECOMMENDED ANTIBIOTIC USE: GENERAL PUBLIC PERCEPTION

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Background and importance Pharmacists, being highly accessible healthcare professionals, can handle requests by patients for pharmacist recommended medicines and refer to physicians

when prescription medications or further assessment is required. This study seeks to establish whether patients are ready to trust the pharmacist with the prescribing of medicines and whether patients associate pharmacist prescribing with risks.

Aim and objectives To assess public perception regarding the risks of potential antibiotic prescribing by pharmacists.

Material and methods A pre-validated questionnaire was used.¹ The questionnaire was disseminated to the general public in shopping malls and popular shopping streets over a 4 week period in Malta. Statistical analysis was undertaken using Statistical Package for the Social Sciences (SPSS) V.25.

Results A total of 400 participants completed the questionnaire (51% women, 33% aged >60 years). Forty-four per cent of participants stated they always visited the same pharmacy. Older participants (≥ 60 years) tended to visit the same pharmacy more often than the younger age group ($p < 0.001$). Seventeen per cent admitted to asking their pharmacist for antibiotics without a doctor's prescription and 51% expected to be prescribed antibiotics on visiting a doctor when they felt they had symptoms of an infection. Forty-two per cent associated a risk to patients if pharmacists were to recommend a selected number of antibiotics.

Conclusion and relevance The expectations of patients to be prescribed antibiotics as soon as they feel symptoms of an infection need to be addressed through proper education. There is a perception of risk with the prescribing of antibiotics by pharmacists.

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No conflict of interest.

6ER-016 ECONOMIC VALUE OF UNUSED HIGH COST EXPERIMENTAL INFUSION DRUGS: A POTENTIAL SAVING FOR THE NATIONAL HEALTH SYSTEM

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Background and importance Antineoplastic and immune-modulatory drugs are top for public pharmaceutical spending. About half of the clinical trials conducted in Italy concern oncohaematology, with an important investment by big pharma and a source of savings for the national health system (NHS). According to GCPs and the regulation (EU) N. 536/2014, pharmacists are involved in traceability, storage, return and destruction of investigational medicinal products to ensure their quality, the safety of the subjects involved, and the reliability and robustness of the data.

Aim and objectives To quantify the economic value of unused infusion drugs at our centre.

Material and methods To guarantee the traceability system, we used a database for all of the main information regarding the drug (product description, batch number, expiry date, location, storage condition) and its accountability (status change date, received, used, available, kit, subject ID, shipment/cycle/returned/destroyed). The analysed data were collected from January 2018 to October 2019 for the clinical trials managed

by the oncology and haematology departments. An economic value (ex-factory price) was assigned to the high cost drugs destroyed on-site or returned to the sponsor. We considered 5 days up to the effective expiry date to create a useful range for their potential use.

Results Twenty-six drugs were destroyed on-site and 69 returned to the sponsor from 4 compassionate use programmes, 11 non-profit clinical trials and 34 profit clinical trials: in 55.8% of cases the drugs had not expired (€2.3 million). In 5 of 21 cases (23.8%) the non-expired drugs had been destroyed or returned in the non-profit clinical trials compared with 46 of 70 cases (65.7%) in the profit clinical trials. The economic value of the high cost drugs on the market was about €4.1 million (64.2% oncological, 35.8% haematological drugs), which is about 29% of the total annual value of €14.5 million for infusion drugs managed by our pharmacy.

Conclusion and relevance Based on our data, the drug supply process needs to be improved and greater collaboration is needed (between AIFA–sponsor–clinical trial centres–CRO) to reduce the waste described and optimise the available economic resources.

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No conflict of interest.

6ER-017 DIGITAL LITERACY OF PATIENTS IN A DAY HOSPITAL ONCOLOGY UNIT

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Background and importance One of the new advances in oncology patient care will be based on continuous control of adverse reactions derived from the use of antineoplastic treatments and on the identification of early progression of the disease in these patients by means of what are known as PROs (results reported by patients).

Aim and objectives The application of this system requires Web-2.0 skills by the patient. Thus the objective of the study was to determine the perception and skills of oncology patients for future implementation of a digital platform for communication of PROs in our centre.

Material and methods A transversal descriptive study was carried out during September 2019 in which patients who came to receive their treatment at the day hospital oncology unit were surveyed. The survey consisted of four questions on demographic/social information and nine questions with information on the management of the participants' Web-2.0.

Results We included 122 patients, 63.9% (n=78) women, with a mean age of 59.9 years (28–85). Education: 12.3% (n=15) no education; 34.4% (n=42) primary; 17.2% (n=21) secondary; 16.4% (n=20) non-university education; and 19.7% (n=24) university.

Questions about managing Web-2.0:

- Do you consult the internet in your daily life?
 - Every day 50%.

- Once a week 20.5%.
- Never 29.5%.
- Internet consultation device:
 - Computer 32%.
 - Tablet 15.6%.
 - Mobile 61.5%.
- Do you solve doubts about your disease with the Internet?
 - Yes 24.6%.
 - No 50%.
 - Just at the beginning 25.4%.
- Do you tell your doctor about your disease that you consult on the Internet?
 - Always 13.1%.
 - Sometimes 13.1%.
 - Never 73.7%.
 - Use of e-mail: 45.1%.
- Social networks used:
 - Facebook 45.1%.
 - Twitter 8.2%.
 - Instagram 15.6%.
 - Blog 5.7%.
 - WhatsApp 77%.
 - None 22.1%.
- Do you think that the use of Web-2.0 could be helpful, during treatment, as communication between health professionals and patients?
 - Yes 77.9%.
- On which device would you prefer to use it?
 - Computer 18%.
 - Tablet 9.8%.
 - Mobile 68.8%.

Conclusion and relevance Our study showed that more than half of patients never use e-mail, and that approximately 25% never consult the Internet and do not believe that Web-2.0 will mean any improvement. This type of analysis will help us to know which patient profiles to direct follow-up by PROs in a more efficient way.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

6ER-018 THE IMPACT OF HOSPITAL PHARMACY SPECIALISATION ON PATIENT OUTCOME: A LITERATURE REVIEW

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Background and importance One of the strategic projects of the European Association of Hospital Pharmacy (EAHP) is the creation of a common training framework (CTF) for the hospital pharmacy profession in Europe. For this purpose, CTF working group 2 has performed a comprehensive literature review. It concluded that education and training of health personnel improves patient outcome and that the benefit of a CTF is lacking. Nevertheless, it was not reported unequivocally whether or not the pharmacists were specialised.¹

Aim and objectives To find relevant publications that confirm that postgraduate education of hospital pharmacists can