significant decrease in measured consumption compared with that expected of −28.07%.

Conclusion and relevance Although both quasi-experimental designs showed significant changes in cephalosporin consumption after the intervention, the interpretation of results was contradictory. While hypothesis testing showed an increase after the intervention, ITS analysis revealed that this consumption was even less than expected. This suggests the programme may have been useful in reducing the consumption of these antimicrobials. Therefore, a robust design is essential in ASP, enabling appropriate interpretation of the results.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

6ER-026 CREDIBILITY OF SUBGROUP CLAIMS IN HAEMATOLOGY CLINICAL TRIALS

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Background and importance Interpretation of subgroup analysis (SA) is potentially important for treatment decisions in medical practice. SA can provide clinicians with a better perspective on the individualised treatment of patients. However, SA can introduce analytical challenges, which may result in denial of a beneficial treatment or even receiving a potentially harmful or ineffective treatment.

Aim and objectives The aim of this study was to assess the credibility of subgroup claims in haematology randomised clinical trials (RCT).

Material and methods A systematic review of Medline of haematology phase III RCT published between January 2013 and October 2019 was carried to identify SA reported. Claims of subgroup effect were classified according to their strength, as: strong claim, claim of a likely effect or suggestion of a possible effect based on the Sun *et al* 2009 classification. To evaluate the credibility of subgroup claims for RCT primary outcomes, 'the 10 criteria for assessing the credibility of a subgroup claim' by Sun *et al* 2012 were applied.

Results 98 studies reported SA. Of these, 24 RCT reported 46 claims of subgroup difference. 44 were claims for the primary outcome: 25 were strong claims, 17 suggestions of a possible effect and two claims of a likely effect. The authors included subgroup variables for the primary outcome measured at baseline for 38 claims (n=86.36%), used the subgroup variable as a stratification factor at randomisation for 15 (34.09%), clearly prespecified their hypothesis for 11 (25%), the subgroup effect was one of a small number of hypothesised effects tested for 17 (38.36%), carried out a test of interaction that was statistically significant for 18 (40.91%), documented replication of a subgroup effect with previously related studies for 11 (25%), identified consistency of a subgroup effect across related outcome for 10 (22.72%) and provided a biological rationale for the effect for 8 (18.18%). 34/44 claims for the primary outcome met 4 or fewer of the 10 credibility criteria.

Conclusion and relevance Subgroup claims reported in haematology RCT lack credibility, even when claims were strong. Subgroup analysis should be carried out because of the potential information they can provide but researchers should be more cautious before claiming the existence of a subgroup effect.

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6ER-027 IMPROVEMENT IN SELF-MANAGEMENT OF BIOLOGICAL DMARDS FOR PATIENTS WITH CHRONIC INFLAMMATORY ARTHRITIS WHEN A PHARMACIST PARTICIPATES IN A MULTIDISCIPLINARY CONSULTATION

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Background and importance Enhancement of information for patients with chronic inflammatory arthritis (IA) on the management of subcutaneous (SC) biological DMARDs (bDMARDs) by the intervention of several successive health professionals should improve their necessary safety knowledge and skills for optimised self-management of their treatments.

Aim and objectives To assess the pharmacist's contribution to improving knowledge and skills of patients with IA treated with SC bDMARDs during multidisciplinary consultations (MC). The secondary objectives were to assess the impact on therapeutic adherence and patient satisfaction.

Material and methods This was a prospective, single centre, 6 month trial, approved by the ethics committee. Inclusion criteria were patient with IA receiving SC bDMARDs. The intervention was an interview aimed at enhancing the patient's knowledge and adherence. At baseline (M0), 3 months (M3) and 6 months (M6), knowledge and adherence were assessed using self-administered questionnaires, respectively, Biosecure and CQR-5. A patient satisfaction questionnaire was sent at M3. The main outcome was comparison of the Biosecure score at baseline, M3 and M6. Secondary outcomes were comparison of the rate of patients with a high level of knowledge and high adherence at baseline, M3 and M6, and patient satisfaction. For statistical analysis, different tests were used: repeated measures ANOVA, Bonferroni and generalised estimating equation.

Results The study was conducted from October 2019 to July 2020. 79 patients were included (aged 50.4±14.7 years; sex ratio 1.1). At M0, M3 and M6, Biosecure scores were 70.9 ±18.1, 81.7±15 and 84.3±13.7, respectively. A significant difference between scores was found as well as between each time point ($p<0.001$). At M0, M3 and M6, the rate of patients with a high level of knowledge was 24.1%, 54.4% and 45.6%, respectively, with a significant difference ($p<0.001$). No difference was observed concerning the rate of patients with high adherence ($p=0.077$). Patient satisfaction regarding the pharmaceutical interview was 24.9±3.1 (max=28).

Conclusion and relevance Participation of the pharmacist in the MC allowed for a significant improvement in patient knowledge of their bDMARDs. Regarding adherence, no significant