quetiapine (37.3%), oral olanzapine (20.2%), oral aripripazole (15.7%) and oral risperidone (11.4%). Regarding the total prescriptions, the percentage of use of LAI was 6.66% (3.43% and 6.98% among FGA and SGA, respectively). The 95.31% total LAI prescriptions were SGA. The use of LAI at hospital was found to be lower than in other European countries (15% according to Arango C. et al 2019). However, the proportion of second generation LAI was higher than the European average (34%). The mean cost per patient was higher for SGA than for FGA (353.5€ vs 27.0€). Likewise, in comparison to conventional injectable antipsychotics, costs per patient were higher for LAI: 155.1€ vs 15.8€ for FGA and 2887.5€ vs 72€ for SGA, respectively.

Conclusion and Relevance In comparison with other European countries, a predominance of the use of second generation LAI has been detected. However, the use of LAI is lower. Cost-effectiveness studies regarding the use of SGA versus FGA and conventional versus LAI antipsychotics are needed in order to optimise the benefits to the patient and minimise the economic burden for the health system.

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Conflict of Interest No conflict of interest

4CPS-199 PHARMACO-ECONOMIC IMPACT OF DRUG INTOXICATIONS IN CHILDREN

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Background and Importance Drug Intoxications in children, by its social-economic implications, represent a major problem of Public Health. They constitute the main cause of emergency admissions and also one of the principal causes of death in children and adolescents.

Aim and Objectives The aim of this study is to evaluate the pharmaco-economic impact of drug intoxications registred in the paediatric emergency department.

Material and Methods This is a study spread over a period of 12 months from January 1, to December 31, 2021, in the paediatric emergency department. It is based on the analysis of costs to manage all drug intoxications recorded in children for one day of hospitalisation which include the cost of:drugs and antidotes administered, laboratory and radiological analysis, hospitalisation fees.

The reference of the identify costs is given by the billing department of our hospital.

Results During this period 69 cases of drug intoxications were admitted. According to ATCCS classification, the class N (Nervous System) was the most common class involved in drug intoxications (50%) followed by Musculo-Skeletal System (15%) then Genito-Urinary System and Sex Hormones (11%), Respiratory System (8%) and 16% for other classes. To manage these drug intoxications, a symptomatic treatment and antidotes administration is registred in 32.5% of cases (500 €), in 35.5% of cases laboratory and radiology analysis were done (1400 €).The distribution of the costs for one day of hospitalisation related to each intervention and for all recorded drug intoxications is summarised in the table below:

	Drugs and antidotes administered per day	Laboratory analysis	Radiological examinations	Hospitalisation fees per day	Total costs per day
Costs	500 €	800 €	600 €	1100 €	3000 €

On average, intoxicated children stay in the hospital for at least 48 hours under medical supervision, the total cost of treatment for drug intoxication becomes 6000 € and it can increase depending on the severity of intoxication.

Conclusion and Relevance In our study we have included only the drug intoxications and we have found that their management represents a considerable pharmaco-economic impact also the research has allowed us to conclude that half of the drugs used by children belong to the class of the nervous system which constitutes a significant danger.

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4CPS-200 SUSTAINING A PHARMACEUTICAL DECISION SUPPORT SYSTEM BY DETERMINING THE CLINICAL RISK'S LEVEL OF DETECTED DRUG-RELATED PROBLEMS

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Background and Importance Pharmaceutical decision support system (PDSS) is a positive triangulation between patients' data, modelled situations standing for drug-related problems and a reasoning software sending alerts. So the pharmaceutical interventions better prevent adverse drug events and better reduce healthcare costs. But to be optimal the PDSS has also to link the modelled situations to a clinical well-defined risk. As consequences each pharmaceutical intervention's impact will be documented and the PDSS's interest in patients' safety sustained.

Aim and Objectives To present the results of an e-Delphi study during which health professional experts evaluate the clinical risk's level of 52 modelled situations standing for drug-related problems or adverse drug events.

Material and Methods Twenty experts across 4 francophone countries were involved because of their clinical skills. Based on their experience, physicians (5) or pharmacists (15) scored the likelihood of occurrence of clinical consequences and its severity for each of the 52 modelled patients' situations using a five-point Likert scale. These situations were chosen among a panel of 199 one, according to their high frequency in the health facilities. The degree of consensus between participants was defined as the proportion that gave a risk score in the same category as the median. Consensus was obtained if the score was 75% or more. Then the 2 median scores -occurrence and severity-