cefepime 1.8% (n = 3), colistina 1.2% (n = 2), other 1.2% (n = 2). Only a few patients (5% (n = 3)) were allergic to any anti-pseudomonal antibiotic.

Conclusion

- The monotherapy and combination therapy was used with similar frequency.
- The rate of appropriate treatment was high, especially in targeted therapies.
- The groups of antibiotics used were mainly quinolones, beta-lactams+beta-lactamase inhibitors and carbapenems, with piperacillin-tazobactam, ciprofloxacin and imipenem the most commonly used antibiotics.
- Due to the low incidence of resistances and patients allergic to anti-pseudomonal antibiotics, it is unlikely that these conditions influence the pattern of prescribing antibiotics.
- Due to these results, the antibiotic stewardship group will consider training sessions to encourage prescribing anti-pseudomonal cephalosporins.

No conflict of interest.

CP-127 INNAPPROPRIATE PRESCRIBING IN ELDERLY PATIENTS ATTENDING THE EMERGENCY ROOM

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10.1136/ejhpharm-2016-000875.127

Background Polypharmacy and inappropriate prescribing (IP) are well known risk factors for adverse drug reactions, which commonly cause adverse clinical outcomes in older people.

Purpose To measure the prevalence of inappropriate drug prescriptions in elderly patients who attend the emergency room and to assess the influence on emergency visits and hospitalisations of a multidisciplinary healthcare team project designed to identify and resolve them.

Material and methods Multicentric randomised controlled trial. Patients >65 years old admitted in the emergency room were randomised to a control or intervention group. Pharmacists reviewed chronic medication of patients assigned to the intervention group and identified IP according to STOPP-START criteria. The cases were discussed with emergency physicians and when judged appropriate a recommendation to modify drug treatment was sent to the primary care physician. The control group received the standard of care that did not include chronic medication review. The main outcome measure was the difference in the rate of hospitalisation and emergency visits between groups after 1 year of follow-up. We present preliminary results of IP prevalence in elderly patients.

Results Four hospitals participated in the study and 665 patients were included (342 allocated to control and 305 to the intervention group). Mean age in the control group was 78.2 years and 78.99 years in the intervention group. The total number of drugs patients were receiving at the moment of inclusion was 3.275. Of these, 17.9% were IP according to STOP-START criteria. 530 recommendations to modify treatment were send to primary care physician. 81.1% of evaluated patients had IP.

Conclusion In our study, we found a high prevalence of IP and a high number of recommendations to modify drug treatment in older people were done. The final results of the study will clarify if these interventions improve clinical outcomes.

No conflict of interest.

CP-128 EXPERIENCE OF USE IN HOSPITAL WITH SOFOSBUVIR: EFFICACY AND SAFETY OF TREATMENT

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10.1136/ejhpharm-2016-000875.128

Background The recent commercialisation of sofosbuvir in Spain has meant a big change for patients with hepatitis C. The preliminary results of the drug show a very high cure rate in patients not responding to conventional treatment.

Purpose To analyse the efficacy and safety of sofosbuvir for the treatment of hepatitis C in patients treated at the outpatient unit of our hospital. Also, to compare these results with published clinical trials of this drug.

Material and methods All patients treated with sofosbuvir were analysed: dates of start and end of each treatment, genotype, liver involvement, if they were previously treated or not, drug combination used and adverse effects were recorded. The primary endpoint was a sustained virologic response at 12 weeks (SVR12) after the end of therapy.

Results Since its inclusion in the hospital (December 2014), 86 patients have started treatment with sofosbuvir, most of whom were infected with genotype 1 virus (51 patients) and had cirrhosis (45 patients). 29 patients had never received treatment for hepatitis C virus infection. The previously treated patients were distributed as follows: 42 with interferon and ribavirin and the rest with triple therapy (8 with telaprevir, 6 with boceprevir and 1 with simeprevir). The therapeutic combinations most used were sofosbuvir+simeprevir (38 patients). The most common adverse effects were asthenia (27 patients), muscular pain (16 patients) and insomnia and irritability (11 patients). 40 patients remained asymptomatic. In June 2015, a total of 43 patients had completed 12 weeks of treatment and 100% had achieved SVR12. Of this group, 32 were genotype I, 7 were genotype III and 4 were genotype IV. 28 patients had a diagnosis of cirrhosis. The drug combination most used in this group of patients was sofosbuvir+simeprevir (28 patients), followed by sofosbuvir +interferon+ribavirin (9 patients) and sofosbuvir+daclatasvir (6 patients).

Conclusion In our hospital, the effectiveness of sofosbuvir was superior to response rates shown in the data published in clinical trials of this drug. The therapy has been well tolerated by patients, showing a safety profile similar to that described in the scientific literature.

No conflict of interest.

CP-129 CONCENTRATION OF CIPROFLOXACIN IN TISSUE OF PATIENTS SUFFERING FROM PERIPHERAL ARTERIAL DISEASE

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10.1136/ejhpharm-2016-000875.129

Background Peripheral arterial disease (PAD) is a common atherosclerotic condition and can lead to cardiovascular complications. Patients suffering from this disease can develop foot

infections, and often debridement or amputation procedures due to poor healing of the wounds are required. Ciprofloxacin is a commonly administered antibacterial in patients with PAD.
Purpose To quantify ciprofloxacin concentrations in peripheral tissues of patients suffering from varying degrees of PAD to assess whether disease severity significantly affected therapeutic concentrations of ciprofloxacin reaching the site of infection.
Material and methods Tissue samples were collected from 50 PAD patients admitted for debridement or amputation procedures. The severity of PAD was assessed by a vascular surgeon using ankle brachial pressure indices and spectral waveform analyses. Tissue samples were collected at the end of the debridement or amputation procedure, which normally took 20 min, homogenised and the amount of ciprofloxacin in each analysed using high performance liquid chromatography. The Mann-Whitney test was applied to correlate between the different types of PAD severity and tissue concentrations achieved.
Results 50 patient samples (33 male; 17 female) were analysed. 44 patients were admitted for an amputation and 6 for a debridement procedure. 34 patients were suffering from severe PAD, 3 patients had no or borderline PAD while 12 patients had mild to moderate PAD. Patients having the lowest concentration of ciprofloxacin were those suffering from severe PAD. The mean concentration of ciprofloxacin in the tissue of patients suffering from severe PAD, mild to moderate PAD and none to borderline PAD was 0.11 μg/mL, 0.42 μg/mL and 1.54 μg/mL, respectively. Pairwise comparison results between the different types of PAD severities indicated that there was a significant difference in the concentration of ciprofloxacin reaching the tissue.
Conclusion The severity of PAD is a significant predictor of the concentration of ciprofloxacin in peripheral tissue. Giving higher doses of ciprofloxacin to try and attain greater concentrations in ischaemic tissue might not result in increased tissue ciprofloxacin concentrations in patients with severe states of PAD.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Thanks to the staff at the surgical ward, operating theatre and toxicology department.

No conflict of interest.

CP-130 SEQUENTIAL CHANGE OF ADMINISTRATION OF TRASTUZUMAB FROM INTRAVENOUS TO SUBCUTANEOUS

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10.1136/ejhpharm-2016-000875.130

Background Trastuzumab is the main treatment of HER-2 positive breast cancer. Its administration intravenously has shown an extension of survival not only in early stage but also in advance stage tumours. With the inclusion of subcutaneous formulations, medical resources in this field have been implemented. Length of stay in the day hospital has been shortened and patients' quality of life has improved.
Purpose To compare administration of trastuzumab intravenously versus subcutaneously. Analysing the security profile and effectiveness, and also the associated costs, and preferences and quality of life for patients.
Material and methods We changed administration of trastuzumab intravenously to subcutaneously in all patients with a diagnosis of breast cancer HER-2 positive during 2015. All adverse effects associated with the administration were registered. We also analysed its efficiency by testing the response to treatment, and we surveyed patients about their preferences. Finally we calculated the savings generated by the change of administration to subcutaneous.
Results A total of six patients were treated with trastuzumab subcutaneously, all of them had previously been treated with intravenous formulations. The dose given in each subcutaneous cycle was 600 mg. The average number of cycles given was 30.

Efficiency was not compromised by subcutaneous administration as there were no relapses during or after treatment. Concerning security associated with the administration of the intravenous formulation, only adverse reactions grade 2 were observed (hives and chills) in one patient (16.6%); these stopped after administration of 100 mg actocortin. There were no adverse reactions with subcutaneous administration of trastuzumab in any of the patients.

In the survey of preference of administration, subcutaneous was preferred in 100% of cases.

Administration of the medication subcutaneously led to savings of 1891.8 Euros per patient and per whole treatment (7 cycles) compared with intravenous medication.
Conclusion Administration of subcutaneous trastuzumab provided major advantages compared with intravenous administration as it reduced time of administration, saved sanitary costs and improved the life quality of patients without endangering effectiveness and safety of the treatment.

No conflict of interest.

CP-131 NON-VALVULAR ATRIAL FIBRILLATION: SWITCHING PATTERNS OF NOVEL ORAL ANTICOAGULANTS

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10.1136/ejhpharm-2016-000875.131

Background Non-valvular atrial fibrillation (NVAF) is the most common cardiac arrhythmia in clinical practice, affecting nearly 1% of the general population. In Spain, the following recommendations are set for the choice of anticoagulant: novel oral anticoagulants (NOACs) are used in the case of poor INR control (<65% of the time in the target range (TTR)), vitamin K antagonist (VKA) intolerance or adverse events, impediment in INR controls or patients with history of stroke.[1]
Purpose To determine whether NOAC prescriptions fulfil the criteria of the Ministry of Health in Spain.
Material and methods Observational, non-interventional retrospective cohort study of adult patients diagnosed with NVAF during the study period (June 2010–June 2014) and treated with NOACs. TTR calculation was performed using the Rosendaal method. We estimated a right TTR if 65% or more of the time was in the range 2–3.
Results 952 patients were included in the study with a diagnosis of NVAF treated with NOACs, of whom 37% (n = 351) were treated with rivaroxaban, 57% (n = 541) with dabigatran and