

PT009: Appropriateness of antimicrobial therapy for urinary tract infections in the Belgian psychiatric hospital UPC KULeuven: a point prevalence study

F. Desplenter^{1*}, J. Wallays², M. De Hert¹, L. Poplen¹

¹UPC KU Leuven, Kortenberg; ²KU Leuven, Leuven, Belgium

Background and objective: There is a clear association between antimicrobial prescribing practice and the emergence of multiresistant pathogens for urinary tract infections.

The aim of this study was to describe (1) if the indication for urinary cultures could be found in patients' medical records, (2) the appropriateness in choice, posology and duration of prescribed antimicrobial therapy and (3) the compliance with antimicrobial therapy.

Setting and method: A retrospective point prevalence study was carried out in the psychiatric hospital UPC KULeuven including all urine cultures of the month February 2015. Electronic medical records, prescriptions and registrations of medication intake were retrospectively checked.

Main outcome measures: (1) Medical records were checked on the frequency of presence of symptoms according to the CDC definitions of urinary tract infections (UTI). (2) Check of appropriateness of choice, dose, posology and duration of antimicrobial therapy was based on the guidelines provided by the hospital antibiotic policy group. (3) Medication compliance was calculated by registered medication intake/prescribed medication × 100.

Results: Data from 82 urine culture samples from 64 unique patients were available.

In 51 % (42/82), no reason for sampling was found in the medical record. In 69 % (18/26), no CDC symptom of UTI was registered.

Twenty antimicrobial treatments for UTI were prescribed. Of all treatments, 85 % were associated with a positive culture and 80 % were started in the first 3 days after sampling. 55 % were appropriate in choice, dose, posology and duration of treatment.

45 % of the 20 treatments were fully administered as prescribed. Median compliance of all prescribed doses per patient was 95.9 %, with a minimum of 66.7 %.

Conclusion: Registration of indications for urine culture sampling, and registration of UTI symptoms are often lacking in medical records although these are essential for making correct clinical treatment decisions.

Improvement of compliance to the existing antibiotic policies in the hospital is necessary. Targeted interventions, such as informing prescribers on current study results, will be taken.

Disclosure of interest: None declared.

PT010: Implementation of clinical pharmacist consultant in ambulatory care and community practice in Slovenia

A. Premuš Marušič^{1*}, J. Mrak², J. Furst²

¹General Hospital Murska Sobota, Murska Sobota; ²Health Insurance Institute of Slovenia, Ljubljana, Slovenia

Background and objective: For better management of drug side effects, drug interaction, and in particular polypharmacotherapy a Pharmacotherapy groups and clinical pharmacist-consultant was introduced in the Pomurje region by the Health Insurance Institute of Slovenia. Participation of two complementary disciplines of medicine and pharmacy allowing active participation in the quality of drug treatment. The organization on a local level provides better contact to the patient and the health care provider.

Design: The clinical pharmacist consultant had a weekly afternoon practice in Community Health Center for admission of patients,

review of therapies and patient counseling. Once a month, the pharmacist consultant clinic takes place in homes for the elderly. Further, regular meetings are held every second month for sharing expertise and experiences with a focus on specific drug groups and polypharmacotherapy study case reports of the Pharmacotherapy groups which consists up to 15 physicians and 1 clinical pharmacist consultant.

Results: Between December 2012 until the end of October 2013, 165 outpatient clinics took place and 629 patient therapies were reviewed, particularly with polypharmacotherapy. A medication reviews were undertaken by clinical pharmacist for patients being referred by their GP. All patient's medical records were available, also 213 patients were personal advised by the clinical pharmacist. On average, a pharmacist examined 3.81 therapies per afternoon. Patients had an average age of 69 years, 60 % were female. The average prescribed medication per patient was 11.18 before and 9.71 after the consulting. In total, a cessation of 925 drug where recommended or 1–2 drug per patient. Further, 1170 potential clinically significant drug interactions were identified, with a 90 % reduction after the pharmacist consulting. Most commonly, changes in the therapy with anti-hypertensive drugs (45 %), analgesics (41 %), psychiatric agents (37 %) and proton pump inhibitors (27 %) were recommended. Physician took into account the advice of 70–85 % of the recommendations.

Conclusion: Due to good results, additional outpatient clinics of clinical pharmacist were introduced also in largest Community Health Center to a total number of 16. Further implementation is expected.

Disclosure of interest: None declared.

PT011: Intervention to reduce potential events in elderly patients

M. C. Montero-Balosa^{1*}, D. Palma-Morgado², J. Sanchez-Blanco³, M. F. Perez-Fuentes⁴, M. C. Vela-Márquez⁵, J. R. Lacalle-Remigio⁶

¹Aljarafe-Sevilla Norte Primary Care District, Andalusian Health Service; ²Sevilla Norte Primary Care District, Andalusian Health Service; ³Sevilla Sur Primary Care Area, Andalusian Health Service, Sevilla; ⁴Jaen Norte Primary Care District, Andalusian Health Service, Jaen; ⁵Málaga Primary Care Area, Andalusian Health Service, Málaga; ⁶School Of Medicine, University Of Seville, Sevilla, Spain

Background and objective: Prescription medication use increases with age resulting in polypharmacy. Multiple medications are associated with potential safety problems (PSP). Literature review reveals that polypharmacy increases the risk of hospitalizations or adverse drug reactions. The aim of this study was to estimate whether there is a relationship between an intervention addressed to discontinue PSP in the primary care setting and the reduction in potential events or use of health services.

Setting and method: Observational study with a retrospective control group (CG) and a prospective intervention group (IG). Participants: patients aged ≥65, under treatment with 5 or more drugs and belonging to seven Primary Care Settings in five different towns. Patients should at least have one of the following PSP: (a) concomitant use of an antihypertensive drug with a non-steroidal anti-inflammatory drug (NSAID), anticoagulant or antitrombotic drug; (b) use of two or more benzodiazepines. Intervention group: patients whose physicians received intervention based on clinical sessions, advice about discontinuing medication, feedback of the PSP of their patients and e-mailing of relevant information concerning current clinical evidence of the PSP. Control group: physicians did not receive any information about PSP. Intervention period: May 2013–May 2015. Control group: Mar 2009–Oct 2011.