(6.66%) received enzalutamide and 12 patients (26.66%) received both drugs sequentially.

Oral chemotherapy (OC)	Patients (n)	MPR (%)		Optimal adherence: n (%) (MPR >80%)	Mean duration (months)
		Mean	Median		
Abiraterone	39	107	102	36 (92%)	12 (2–32)
Enzalutamide	15	98	97	12 (80%)	5 (1–13)

Conclusion Most patients showed high rates of adherence to OC in MCRP. The long duration of treatment and absence of symptoms in these patients could prove a threat to adherence to treatment. Oncology pharmacists have a key role by following patients with OC in MCRP and reminding them of the importance of adherence. Study limitations include measuring adherence using only one method.

No conflict of interest

CP-190 IMPACT OF THE DEPLOYMENT OF A CLINICAL PHARMACY TEAM IN ENDOCRINOLOGY–NUTRITION UNIT

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Background Since 2003, the American Diabetes Association has included pharmacists in the list of diabetes care team members. Indeed, the intervention of clinical pharmacists (CP) has been associated with a decreased risk of medication error (ME) and therefore contributes to the safety of medication management during patients' healthcare circuit.
Purpose The aim of this study was to evaluate the impact of CP activities dispensed by pharmacists in an endocrinology–nutrition unit.
Material and methods An observational, prospective, monocentric study was conducted between November 2013 and September 2016 in a nutrition–endocrinology unit (50 beds). 1 senior, 1 junior and 3 student pharmacists were involved in the deployment of clinical pharmacy activities (medication reconciliation at admission and discharge with delivery of drug management plans (DMP), interview of patient (measurement of medication adherence using the Morisky scale (MMAS-4), assessment of drug knowledge (indication, dosage and precautions for use) and risk of hypoglycaemia). All patients who provided verbal consent were entered into a registry with data collected from their hospitalisation, including anthropometric, clinical, therapeutic and biological information (No DC-2009–1052).
Results 1655 and 1570 patients received medication reconciliation at admission and discharge, respectively. 596 ME in 407 patients were detected and corrected, most were drug omissions. 597 DMP were explained and delivered to patients. 255 patients received an interview with measurement of medication adherence and assessment of drug knowledge. 64 patients had a low level of adherence, the indication, dosage and precautions for use of medications were known, respectively, in 70%, 80% and 44% of cases. Of the 358 patients interviewed about the risk of hypoglycaemia, respectively, 83 (23%) and 127 (35%) patients reported having had at least one severe hypoglycaemia incident in the year and more than one hypoglycaemia incident by week.
Conclusion Deployment of a clinical pharmacy team in the nutrition–endocrinology unit was a complete success. The CP activities allowed safe drug management with the correction of a significant number of ME before they resulted in harm, and highlighted patients requiring therapeutic education. The next step will be to demonstrate that clinical activities dispensed by pharmacist can decrease rehospitalisation of patients with endocrine diseases.

No conflict of interest

CP-191 PRESCRIPTION EVALUATION OF HOSPITALISED PATIENTS AT A DISTRICT HOSPITAL, USING A PLATFORM THAT SUPPORTS ANTIMICROBIAL PRESCRIPTION : A PILOT ANALYSIS

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Background A significant percentage of antibiotics worldwide are prescribed inappropriately (context, dosage and duration), especially the use of quinolones, carbapenems and anti-MRSA agents. In order to optimise interventions in a paper-free hospital, a platform has been developed locally allowing prescription monitoring and registration of multidisciplinary interventions under the platform that supports antimicrobial prescription (PAPA), complementing automatically generated email notifications when prescribing conditioned antibiotics or outside the local guidelines. Interventions are made by physician and pharmacist members of the Prevention and Control of Infection and Antimicrobial Resistance Group (GCL-PPCIRA) in real time.
Purpose To characterise hospital prescriptions for quinolones, carbapenems and anti-MRSA agents in March 2016, using the platform.
Material and methods This was a pilot prospective analysis on the use of a PAPA platform, which integrates data relating to the prescriber, scope and characteristics of the prescription, initial GCL-PPCIRA interventions, follow-up by pharmacists, medical acceptance and registration of clinical and laboratory variables.
Results The analysis involved 220 conditioned prescriptions, automatically generated by the prescription system and introduced into platform. Of these, 48% required GCL-PPCIRA interventions. 47.2% of the suggested interventions were accepted. In only 6.6% of non-accepted interventions was there an automatic justification and in 46.2% there was no given justification. Most suggested interventions (41.5%) included antibiotic exchange, suspension (26.4%), duration of therapy (12.3%), change of dosage (4.7%) and addition of another antibiotic (1.9%). Most interventions made were for carbapenems (34.9%), followed by quinolones (13.2%) and anti-MRSA agents (9.4%), with an acceptance profile, respectively, of 17/6/4 cases. 34.9% of interventions were made in the emergency department.