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ABSTRACT BOOK

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established based on the *British Clinical guidelines for Immunoglobulin Use*, 2nd edition, July 2011 update.

Results 138 patients (average age 59.1, 58.7% female) received IVIg. 44.1% of treatments were administered to hospitalised patients.

Label indications were 67.4%: common variable immunodeficiency (55/93), IgG immunodeficiency (13/93), idiopathic thrombocytopenic purpura (12/93), Guillain-Barré syndrome (6/93), Kawasaki disease (3/93), secondary immunodeficiency (2/93), hyperIgM immunodeficiency (1/93) and unspecified hypogammaglobulinaemia (1/93).

Off-label indications supported by clinical evidence were 21.0%: myasthenia gravis (7/29), multifocal motor neuropathy (6/29), non-specific demyelinating neuropathy (4/29), chronic inflammatory demyelinating polyradiculoneuropathy (3/29), inclusion body myositis (3/29), autoimmune haemolytic anaemia (2/29), polymyositis (1/29), dermatomyositis (1/29), Rassmusen syndrome (1/29) and alloimmune thrombocytopenia (1/29).

Off-label indications not sufficiently supported by clinical evidence were 5.8%: systemic vasculitits (2/8), scleroderma (2/8), polyarteritis nodosa (2/8), microscopic polyarteritis (1/8), acute disseminated encephalomyelitis (1/8).

Non-recommended indications were 5.8%: systemic lupus erythematosus (3/8), epilepsy (2/8), proximal diabetic neuropathy (1/8), aplastic anaemia (1/8) and paraneoplastic syndrome (1/8).

For each category, IVIg dispensed were 22 252.5 g, 16 632.5 g, 7287.5 g and 5247.5 g, respectively. Percentage expenditure for each one was 41.4%, 34.2%, 13.9% and 10.5%, respectively (of a total amount of 1 730 002€).

Conclusion Despite the fact that most of the dispensed IVIg were used for label or for off-label supported by clinical evidence indications, uses with unproven clinical benefit, even those recommended, implies an important expense in our hospital. Due to the frequent off-label use of IVIg, implementing a protocol would be useful to adjust IVIg treatments to the guideline recommendations and to optimise its use.

No conflict of interest.

DI-024 AN INDEPENDENT STUDY ABOUT OVER THE COUNTER MEDICINES TO ANALYSE PARENTS' AWARENESS FOR PAEDIATRIC USE

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Background Over the counter medicines (OTCms) are widely used in paediatrics but their conditions of use are difficult to monitor as they do not need a prescription for purchasing. Even though several studies have been conducted in the USA and Australia, data are lacking in our country.

Purpose Our multidisciplinary team (1 clinical pharmacist, 2 paediatricians, 1 researcher) analysed the use of OTCms in the paediatric population. We focused on self-medication habits, typology of medications and parents' awareness about the potential drug interactions (DI) and adverse drug reactions (ADRs).

Material and methods We conducted a 4 week prospective study by survey through a questionnaire delivered to parents waiting for a paediatric visit in a medical practice office. Questions (n = 18) concerned: social and cultural overview, type of OTCms utilised, self-medication use behaviour, drug characteristics, impact of advertisements, knowledge and awareness of the possibility of DI, inefficacy or ADRs.

Results 50 questionnaires were collected. 96% of those interviewed were mothers. Mean age of parents was 41 years for fathers (range 30–55) and 38 for mothers (range 20–51). Mean number of sons was 1.66 (range 1–5) and their mean age was 6.21 years (range 17 days-16 years). Results showed a widespread use of OTCms in the paediatric population (78%). Most frequently they were administered after a doctor's (59%) or pharmacist's (24%) advice. Most used OTCms classes were: drugs for upper respiratory tract (58%) or gastrointestinal problems (9%), supplements/vitamins (18%) and analgesics (15%). ADRs eventually detected by parents were reported to the paediatrician/pharmacist by 76%. 72% of parents acquainted themselves with ADRs and potential DI. Parents reported the medicine's inefficacy to the paediatrician after 2–3 days (65%) or different periods (35%), depending on disease severity. 31% of parents declared to be influenced by advertisements.

Conclusion Parents were aware about the possibility of ADRs, DI and inefficacy of OTCms. Although the data showed that the parent-paediatrician relationship was important to address the use of OTCms for the children, some parents were influenced by advertisements. An improvement in the study is planned by increasing the number of interviewed parents and the level of detail.

No conflict of interest.

DI-025 VALGANCICLOVIR IN LIVER TRANSPLANTED PATIENTS

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Background Cytomegalovirus (CMV) infection is the most common viral infection after solid organ transplantation, and is an important cause of mortality and morbidity in this group of patients. Valganciclovir is used to treat and prevent this condition.

Purpose The aim of our study was to analyse the use of valganciclovir (indication of treatment, dosage and safety) in liver transplanted patients.

Material and methods Retrospective observational study that included all patients that underwent liver transplantation in 2014 in our hospital. Electronic clinical history (SELENE), the pharmacy service managing software (Farmatools) and an Excel database of transplanted patients were used to collect the information.

Results 38 patients underwent liver transplantation in our hospital in 2014. 34 patients were finally included (mean age 55 years) after surviving the postoperative period. Mean length of stay in hospital was 26 days and mean discharge creatinine was 0.93 mg/dL. 11 patients (32.3%) were treated with valganciclovir, 6 (55%) as treatment against CMV and the rest as prophylaxis (CMV seropositive donor and CMV seronegative receiver). The dose used in prophylaxis was 900 mg/24 h for all patients except one who received 450 mg/24 h because of reduced kidney function; the dose used for treatment was 900 mg/12 h in all patients as none presented with kidney malfunction. 8 patients (24%) had valganciclovir included in their treatment after discharge. Mean duration of treatment with valganciclovir