Results: For dataset A, n = 9213 and B, n = 1244. The most frequently dispensed antidepressant was amitriptyline (A: 67.75%, n = 6242; B: 64.06%, n = 797). The mean age of patients was 43.86 (13.81) and 46.27 (13.07), respectively. The type of antidepressant used was significantly associated with ICD-10 code, psychiatric condition, and categorical age ($P < 0.0001$). The mean number of antidepressant prescriptions per patient were: A, 2.95 (3.77); and B, 2.57 (2.47). Duration of treatment was related to age, ICD-10 code, and psychiatric condition ($P < 0.0001$).
Conclusion: Since their inception, there has been a steady increase in global antidepressant prescriptions, despite controversies concerning efficacy and safety of these drugs. This trend is also evident in South Africa: This research shows that amitriptyline accounts for a majority of prescriptions because of its varied indications for use. The determinants of the type of antidepressant used showed that patients with a psychiatric condition were more likely to receive a newer antidepressant, and patients with a pain condition were more likely to receive an older antidepressant. These results will ultimately be compared with DUR data from the private and general public sectors of Gauteng health services to establish a baseline for making recommendations concerning safety, efficacy, and cost-effectiveness of antidepressant use in Gauteng.
Disclosure of Interest: None declared.

PP033—EFFECTS OF PREGABALIN ON DRIVING

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Introduction: Pregabalin, an agent in treating partial epilepsy and peripheral neuropathic and central pain, was studied for its effect on driving performance in healthy volunteers. The study was approved by the ethical committee of Ehime University Hospital. Written informed consent was obtained from the volunteers before participation in the study, which was performed in accordance with the principles of the Declaration of Helsinki.
Patients (or Materials) and Methods: Sixteen regularly driving, healthy male volunteers were enrolled for a double-blind placebo control study of pregablin on driving performance. Driving simulator was used to test the simple and complicated braking reaction time, simple and complicated steering wheel techniques. Pregabalin was also evaluated for the effect of training on driving tests.
Results: The mean (SD) age of pregabalin and placebo groups were 26.0 (2.9) and 28.6 (3.5) years, respectively. The body weight, plasma creatinine level, and eGFR of pregabalin group were 69.0 (4.7) kg, 0.8 (0.04) mg/dL, and 94.1 (5.7) mL/min, respectively. The body weight, plasma creatinine level, and eGFR of placebo group were 62.16 (4.6) kg, 0.8 (0.05) mg/dL, and 96.7 (6.5) mL/min, respectively. Six members of the pregabalin group and 2 members of placebo group reported sleepiness. The other 2 members of the pregabalin group presented somnolence during driving. All the subjects showed no serious adverse effects. There were no significant differences of both simple and complicated braking reaction time between pregabalin and placebo groups. The simple and complicated wheel techniques also showed no differences between pregabalin and placebo groups. In comparing the effect of training on the driving performance, the placebo group showed the improvement in the test of simple steering wheel technique. The number of errors in handling wheel detected 1 hour and 2 hours from the baseline showed significantly reduction compared with the baseline data. However, the pregabalin group showed no improvement in handling wheels with the training. Both pregabalin and placebo groups had no changes in both simple and complicated braking reaction time, and complicated handling wheel tests.
Conclusion: In our study using driving simulator, pregablin exhibited no serious central nervous system side effects in engaging driving, but caused mild effects to decrease the training of driving.
Disclosure of Interest: M. Nomoto: Nothing to declare. T. Tsujii: Nothing to declare. W. Kyaw: Nothing to declare. N. Nishikawa: Nothing to declare. H. Iwaki: Nothing to declare. M. Nagai: Nothing to declare.

PP036—HEPATOTOXICITY IN ACUTE AND REPEATED SUPRATHERAPEUTIC PARACETAMOL INGESTION IN CHILDREN AND ADOLESCENTS. RETROSPECTIVE COHORT STUDY CONDUCTED BETWEEN 2005 AND 2010

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Introduction: To calculate the incidence, describe the suspected cases of paracetamol poisoning, and determine the differences between the patterns of acute versus chronic ingestion in patients <18 years of age who were treated at a tertiary hospital.
Patients (or Materials) and Methods: Retrospective cohort study of patients <18 years of age who were treated in the emergency department (pediatric and general) of the La Paz University Hospital for suspected paracetamol intoxication and for whom paracetamol serum level tests were requested.
Results: Ninety-two (92) patients with suspected paracetamol poisoning were identified between 2005 and 2010. The incidence for 2007 was 1.53 cases (95% CI Poisson, 0.24–5.57) per 10,000 patients treated at the pediatric emergency department. The most common cause of poisoning was attempted suicide (47.8%), with a median age of 15 years, followed by accidental poisoning (42.2%), with a median age of 2.65 years. Following the assessment of causality, we found that 1 patient with acute poisoning showed a hepatic disorder secondary to paracetamol, while 7 of the 11 patients with chronic poisoning showed liver enzyme disorders secondary to paracetamol poisoning. The time required to find medical care was 6.83 hours for acute poisoning and 52.3 hours for chronic poisoning ($P < 0.001$).
Conclusion: Chronic paracetamol poisoning is a potential risk factor for hepatotoxicity and ALF; delays in seeking medical help may be a contributing factor. The parents/guardians should therefore be notified of this fact, and the ED physicians' clinical suspicion increased.
Disclosure of Interest: None declared.

PP037—INJECTION OF PHARMACEUTICAL TABLETS OF BUPRENORPHINE: DIFFERENCES BETWEEN SUBUTEX® AND ITS GENERICS

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Introduction: Misuses of buprenorphine concern ~30% of patients treated for drug detoxification in cases of opioid abuse. Injecting pills that are not intended for intravenous (IV) administration may have harmful consequences, particularly because of particles. The main difference between Subutex® and its generics concern the insoluble