17%. Considering the disease treatment distribution, 857 patients were treated for rheumatoid arthritis (28.5%), 811 for psoriatic arthritis (27.0%), osteoarthritis (14.0%) and remaining patients for other diseases (i.e. ankylosing spondylitis, ulcerative colitis). 86 patients (25.8%) switched biologic therapy within the first 120 days, 97 patients (29.2%) between 120 and 210 days, 82 patients (24.7%) between 210 and 365 days, 20 patients (6.1%) between 365 and 730 days, 2 patients (0.6%) between 730 and 1092 days. CONCLUSIONS: The new hepatitis C drugs are the main cause for the current increase in public outpatient pharmaceutical expenditures in Austria. As there are no remarkable compensating savings via generic entries, the cost rise poses a severe challenge for the public health insurance system, especially amid continuing weak economic growth and therefore stressed health budgets.

**PHPS5**
CAPTURE AN ACCURATE CONCOMITANT MEDICATIONS INFORMATION IN GLOBAL TRIALS
O'Donohoe P, Lambe A, Acquaro C

**Objective:** To evaluate the importance of concomitant medications that are applicable and comparable in all countries involved in the study; and 2) moving away from a reliance on retrospective, site-based capture from patients. The aim of this study was to develop and document an easy to use electronic diary solution combined with an appropriately localised medication list.

**METHODS:** An electronic medication diary which allowed for the recording of medication name, route of administration and dosage was developed for a handheld platform, with iterative testing and refinement in users' environments. A pre-populated, tailored list of the patient's most common drugs (n = 38), which could be localised on a country-by-country basis (n = 21), following a process for ensuring the appropriateness of the drug name in the local market. The electronic approach to design and development ensured that the development of an electronic solution which was user-friendly and intuitive. Over 3 rounds of testing a number of updates were made based on feedback from users and the training module. Best practice for developing an appropriate localised list of concomitant medication involved asking two local experts for feedback using in-country medical databases.

**CONCLUSIONS:** Accurate tracking of concomitant medication usage is an important aspect of assessing the effectiveness of a new treatment. A user-friendly Electronic diary solution overcomes the limitations of traditional, retrospective approaches to capturing this information. Localisation of the concomitant drug list ensures accurate and comparable data captured across all studies in a trial.

**PHPS6**
PREVALENCE AND PERCEIPTION OF USE OF NON-PRESCRIPTION MEDICINES AMONG MEDICAL STUDENT IN QUETTA, PAKISTAN
ul Haq N, Ishq Q, Nasim A, Raiz S, Ahmed N, Razaj G

**Objectives:** To assess drug use pattern in outpatient departments (OPDs) of two tertiary care hospitals (Bahawal Victoria Hospital and Civil Hospital) of Bahawalpur, Pakistan. **Methods:** This was a descriptive, non-experimental and cross-sectional study. For the purpose, indicators, 2,400 prescriptions (10 OPDs per hospital). 240 prescriptions (10 OPDs per hospital). 120 prescriptions (3 different ATC levels). Costs: In euros excluding VAT. **Results:** Pharmaceutical expenditures increased significantly from 2005 until 2008, while from 2009 to 2013 there were only moderate increases. In 2014, expenditures started to rise considerably again, the ATC groups (i.e. NPM drugs) for elderly are limited in literature. This study, therefore, aimed to evaluate the prescription pattern specifically among elderly patients using WHO prescribing indicators.

**PHPS7**
DRUG UTILIZATION STUDY IN INDIA: ELDERLY AMBULATORY PATIENTS USING WHO PRESCRIBING INDICATORS
Kashyap M, D Cruz S, Sachdev A, Tiwari P

**Objective:** This study aimed to evaluate the Prevalence and Perception of Use of Non-Prescription medicines (NPM) among medical undergraduate students (i.e. from pharmacy, MBBS and nursing students) in Quetta, Pakistan. **Methods:** A cross-sectional study was conducted by using self-administered questionnaire, which consists of 15 questions. Medical students i.e. pharmacy, MBBS and nursing students were included in the study from different institutes providing the medical education. The descriptive statistics (frequencies and percentage) was used to present the data. The questionnaires were performed on 2012. **Results:** A total of 300 questionnaires were distributed and 260 were returned (Response rate of 86.7%). Among 260 respondents females were 164 (63.1%). Majority of participants 246 (91%) knew about Non-Prescription medicines (NPM). 240 (92.3%) were familiar with NPM drugs and 228 (87.7%) purchases NPM easily from the pharmacies. One hundred and forty (53.8%) respondents know about contraindication of NPM drugs while 205 (78.8%) recommend the use of NPM to friend and relatives. The major use of NPM is to relief ache, pain and other condition such as cough, cold, fever, diarrhoea, dysmenorrhea constipation, vomiting and flu etc. **Conclusions:** This study showed that majority of the Medical students were aware of different non-prescription medicines and their use and high prevalence is present among medical student to use them NPM for minor illness.

**PHPS8**
A CROSS-SECTIONAL ANALYSIS OF RECENTLY PUBLISHED SYSTEMATIC LITERATURE REVIEWS ON PHARMACOLOGICAL INTERVENTIONS IN ONCOLOGY
Dreisigm W, Fowler R, Jones CA, Luia S, McCracken R, Smokey K'T

**Objective:** Systematic literature reviews (SLRs) play an important role in evidence-based medicine and are increasingly favored over traditional narrative reviews as a method to objectively summarize vast amounts of data. This study is therefore, aimed to evaluate a cross-section of published SLRs in oncology and determine the top journals, main purposes, meta-analysis frequency, data. Our objective was to evaluate a cross-section of published SLRs in oncology and determine the top journals, main purposes, meta-analysis frequency, and document an easy to use electronic diary solution combined with an appropriately localised medication list.

**Methods:** An electronic medication diary which allowed for the recording of medication name, route of administration and dosage was developed for a handheld platform, with iterative testing and refinement in users' environments. A pre-populated, tailored list of the patient's most common drugs (n = 38), which could be localised on a country-by-country basis (n = 21), following a process for ensuring the appropriateness of the drug name in the local market. The electronic approach to design and development ensured that the development of an electronic solution which was user-friendly and intuitive. Over 3 rounds of testing a number of updates were made based on feedback from users and the training module. Best practice for developing an appropriate localised list of concomitant medication involved asking two local experts for feedback using in-country medical databases.

**Conclusions:** Accurate tracking of concomitant medication usage is an important aspect of assessing the effectiveness of a new treatment. A user-friendly Electronic diary solution overcomes the limitations of traditional, retrospective approaches to capturing this information. Localisation of the concomitant drug list ensures accurate and comparable data captured across all studies in a trial.

**PHPS9**
ASSESSMENT OF WHO/NRUD CORE DRUG USE INDICATORS IN TWO TERTIARY CARE HOSPITALS OF BAHAWALPUR, PUNJAB, PAKISTAN

**Objective:** To assess drug use pattern in outpatient departments (OPDs) of two tertiary care hospitals (Bahawal Victoria Hospital and Civil Hospital) of Bahawalpur, Pakistan. **Methods:** This was a descriptive, non-experimental and cross-sectional study. For the purpose, 2,400 prescriptions (10 OPDs per hospital). 120 prescriptions (3 different ATC levels). Costs: In euros excluding VAT. **Results:** Pharmaceutical expenditures increased significantly from 2005 until 2008, while from 2009 to 2013 there were only moderate increases. In 2014, expenditures started to rise considerably again, the ATC groups (i.e. NPM drugs) for