A SURVEY OF UK HEALTH CARE WORKERS' VIEWS ON THE USE OF HANDHELD COMPUTERS IN EVIDENCE-BASED CLINICAL PRACTICE
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Handheld computers are increasingly being advocated for use in clinical medicine. Current proficiency of computers appears low and patchy within NHS hospitals. A literature search using PubMed found few papers focussing on the use of handhelds in clinical practice. OBJECTIVE: To conduct an exploratory, observational survey on the views of two convenience samples of users and prospective users of handheld computers. METHODS: A pilot survey of practicing health care workers in the UK was conducted at 2 national conferences on evidence-based medicine. Respondents' views were elicited with regard to the extent that they agree or disagree with a series of statements on: how handheld computers assist them in their clinical practice; the barriers to using handheld computers in clinical practice; the impact of handheld computers on their professional lives; the impact of handheld computers on their patients; the impact of handheld computers on their colleagues; and the barriers to using handheld computers by health care professionals. RESULTS: Eleven completed questionnaires were returned: response rate of approximately 10%. The results indicate there is a lot of uncertainty about the benefits of handheld computers and the barriers to using them. It appears clear that handheld computers improve the respondents' efficiency, whilst the main barrier to use is lack of technical support. The respondents do not feel that patient perception is a barrier to using handheld computers by health care professionals. CONCLUSION: This pilot survey indicates that the modified US questionnaire can be applied to the UK. The results indicate that another survey, if adequately powered and sufficiently representative, would be useful in helping identify areas of concern in the use of handhelds by UK health care professionals.

ANTIBIOTIC UTILIZATION IN NIS REGION OF SERBIA AND MONTENEGRO
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OBJECTIVES: Pharmacoeconomic analyses present the basis for the evaluation of therapy rationalization within a certain population. Antibiotics are among the most often prescribed medications in primary health care. In total expenditure, antibiotics amount to 16, 15% of the total health care budget on the territory of Nis. The aim of our work was to monitor and analyze the out-patient usage of antibiotics in Nis area, in the period of 2003 to 2005. METHODS: By using the ATC/DDD methodology, we analyzed the expenditure of the antibiotics and presented the results as the defined daily doses (DDD) for 1000 citizens per day. RESULTS: The total usage of antibiotics increased in 2005 (22.83:25.96 DDD/1000/a day, p < 0.05). The most frequently prescribed antibiotics are half-synthetic penicillins (9.67:10.0 DDD/1000/a day), followed by macrolides with a significant tendency of growth (3.05:4.9 DDD/1000/a day, p < 0.05). The biggest growth has been registered with the usage of azitromycin (0.26:0.7 DDD/1000/day), the number of prescribed recipes shows the growth of 164%. The usage of antibiotics shows the growth of 14% in the year 2005 regarding 2003. By analyzing the number of prescribed recipes, the growth of 3, 2% in the prescribing of the antibiotics has been registered. It is important to point out that all prescribed antibiotics were on the positive drug list. CONCLUSIONS: This analyzes showed an irrational usage of the antibiotics in primary health care in Nis area, which requires additional application of educative programs. The cited results will be basis for further evaluations of the rationality in the usage of antibiotics in primary health care.

USE OF ANTIBIOTICS AT CLINICAL CENTRE OF MONTENEGRO
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OBJECTIVES: The main aim of inpatient drug utilization studies is to promote the rational use of drugs. Those studies provide useful informations about doctors’ prescribing habits and possible goals for improvement of pharmacotherapy and pharmacoeconomics. The aim of our study was to analyze the use of antibiotics at four surgical departments of Clinical Center of Montenegro (Plastic Surgery Clinic, Orthopedics and Trauma Center, Abdominal Clinic and Urology Clinic), to compare obtained data with appropriate data in developed countries and with recent pharmacotherapeutic guidelines. METHODS: We used Central Pharmacy report as the source of data about drugs delivered to surgical departments in period of three months. According to internationally accepted methodology, inpatient drug utilization was expressed as number of defined daily doses/1000 bed days (DDD/1000 BD). Drugs were sorted by ATC classification. RESULTS: In observed period 999 patients were hospitalized and 9604 bed days were realized at four surgical departments. Average duration of hospitalization was 9.6 days. Total usage of general anti-infectives (ATC group J) was, in average, 1206.9 DDD/1000 BD, which means that every patient got one DDD per day. The most frequent utilization was at Abdominal Surgery Clinic. The most frequently used were cephalosporins with 580 DDD/1000 BD (40%). Aminoglycosides were on the second place with 376 DDD/1000 BD (31%). The third place pertained to penicillins with 119 DDD/1000 BD (10%). Ceftriaxone was the most often used antibacterial drug during investigated period (425.4 DDD/1000 BD). CONCLUSIONS: Drug utilization at four Surgery Clinics in most cases was in accordance with recent pharmacotherapeutic guidelines. Noticed differences suggest that we need to affirm better approach when selecting appropriate pharmacotherapy, which will certainly have a pharmacoeconomic consequences.

POTENTIAL IMPACT OF HOSPITAL DISCHARGE PRESCRIPTIONS ON COMMUNITY PRESCRIBING—AN IRISH PERSPECTIVE
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OBJECTIVE: In Ireland hospital prescribing is thought to influence general practitioner (GP) prescribing and GPs have expressed concern over recommendations originating from secondary care, particularly in relation to the impact on drug expenditure. The aim of this study was to examine the range of proton pump inhibitors (PPIs) prescribed to patients at hospital discharge (generic vs proprietary) and on follow-up in the community. METHODS: A national primary care prescription database (covering approximately 1.15 million persons) was used to identify patients (n = 10,792) who received a hospital discharge prescription for a PPI (ATC code: A02BC) from July-December 2004 and were followed up for 3 months post discharge. RESULTS: Approximately 37.3% of patients discharged from hospital were prescribed lansoprazole (total ingredient cost = €48,691); 21.6% were prescribed esomeprazole (ingredient cost = €28,862); 21.4% were prescribed omeprazole (17.9% branded, ingredient cost = €37,764 and 3.5% generic, ingredient cost = €4748); 16.6% were prescribed pantoprazole (ingredient cost = €18612) and 3.1% were prescribed rabeprazole.