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accounting for 21.2% and 16.2% of total AED consumption (DDD 163.7 and 125.2, respectively). In the same year, oxcarbazepine and lamotrigine were the most used new AEDs (10.91% and 10.79% of total; DDD 84.1 and 83.2, respectively), while gabapentin and pregabalin exhibited the higher incidence of use. The main indication of use was epilepsy disorders for older AEDs and neuropathic pain for newer AEDs. A high number of patients treated with older AEDs, in particular carbamazepine, phenobarbital, and valproic acid, received coprescription at clinically relevant interaction risk. Among newer AEDs, lamotrigine showed a high annual rate of possible interaction.

Conclusion: Significant differences were shown in the prescribing pattern of newer and older medications: older AEDs were mainly used in the treatment of epileptic disorders, while newer compounds were also preferred for conditions other than epilepsy, in particular neuropathic pain. The fall in the use of newer AEDs during 2007 agreed with revised reimbursement criteria for gabapentin and pregabalin. The coprescription should be evaluated with caution and avoided if possible. Drugs at risk of interactions should be replaced with others having same indication of use.

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PP179—IDENTIFICATION OF DRUG–DRUG INTERACTIONS THROUGH A DIGITAL HEALTH SERVICE

S. Ussai1, A. Casetta2, F. Pisa3, G. Trillo4, R. Petelin5, F. Barbone6,2, A. Degrassi4, and G. Giagnorio5

1Institute of Hygiene and Clinical Epidemiology, University Hospital of Udine; 2Dept. of Medical and Biological Sciences, University of Udine; 3Helicopter Emergency Medical Service Friuli-Venezia Giulia, Udine Hospital, Udine; 4R&D Department, Infostruttura Research Organization; and 5Dept. of Emergency and Disaster Medicine, Ass.2 ‘Isontina’, Gorizia, Italy

Introduction: Drug–drug interactions (DDIs) may have severe and life-threatening health consequences. To identify DDIs, a cloud-based surveillance has been implemented in a network of 12 pharmacies, 1 general hospital, and 24 general physicians of the ASS2 Health District, North East Italy.

Patients (or Materials) and Methods: DDIs were identified through a fully automated, closed loop system that records and updates, by specifically designed software interfaces loaded on Information and Communication Technology (ICT) programs of the network, all the drugs taken during therapy cycles. Each patient, agreeing to participate, was linked through her/his tax code to all prescription/OTC drugs taken during therapy cycle/s. Patients (or Materials) and Methods: Patients were classified according to Mario Negri Institute definition in 3 severity groups: low (no suspension or change in therapy required), moderate (change in treatment, additional therapy or hospitalization required), and high (potentially fatal).

Results: A total of 369 patients (58.3% women) were included. About 30% showed 1 comorbidity and 11.8% 2 or more.

Conclusion: ICT technologies are useful to timely identify DDIs of clinical relevance and the drugs most frequently involved.

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