example of the antidepressants, a drug group with rapid growth and large differences between the originator and generic prices.

Patients (or Materials) and Methods: National ATC/DDD wholesale data and the Estonian Health Insurance Fund (EHIF) prescription database were used to analyze the antidepressant utilization patterns.

Results: According to the national medicines use data, the total consumption of antidepressants (ADs) was 17.8 defined daily doses per 1000 inhabitants per day (DDD) in Estonia in 2011. During the past 12 years, the use of these medicines has increased 3-fold (from 5.3 to 17.8 DDD) but is still modest compared with the Nordic countries (average consumption of ADs was 77 DDD in 2010). The SSRIs constitute about two thirds of the total ADs consumption in Estonia, with 11.5 DDD in 2011. On the active substance level, there was a rapid increase in the use of escitalopram. The average price of 1 DDD of escitalopram is 1.01€ for the originator versus 0.30€ for the generic. The originator accounts for 20% of the total sale. This is similar to the other SSRIs. This may cause substantial patient copayment. We analyzed prescription data from the EHIF to describe in detail the use of escitalopram during last years, taking into account the patient factors, the prescriber, the cost, and the adherence to treatment expressed via the number of filled prescriptions. The cheapest generic generated a 75% lower patient copayment in comparison with the originator. In 2011, one half of the new users filled only 1 prescription. 27% of the new users filling ≥2 prescriptions started treatment with the originator product, one half of them switched treatment to a generic later. Predictors of the originator use and adherence were also analyzed.

Conclusion: The average proportion of generic use for the active substances that have generics on the market is ~60% in Estonia. Where the price difference is substantial, the generics fast engage ~80% of the market, but even here approximately one fifth of the patients stay on the originator product. Reasons and consequences of this for the adherence need to be explored further to guide interventions.

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PP005—RISK PERCEPTION AND COMPLIANCE IN CHRONIC MYELOID LEUKAEMIA PATIENTS TREATED WITH TYROSINE KINASE INHIBITORS

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Introduction: The introduction of tyrosine kinase inhibitors (TKI) brought a major advance for survival of chronic myeloid leukaemia (CML) patients, but as with any other chronic therapy, issues of tolerance and adherence are of paramount importance for successful clinical outcome.

Patients (or Materials) and Methods: We conducted a structured interview concerning patients’ subjective view of their condition and history, including the MARS (Medication Adherence Report Scale) and BMQ (Beliefs about Medicines Questionnaire) scales to assess patients’ perception of their medication and their self-reported adherence. The results were then correlated with trough blood levels of imatinib and nilotinib measured as part of routine therapeutic drug monitoring to identify patients most at risk of nonadherent behavior. We included a total of 38 consecutive patients treated with TKI for at least 3 months coming for a regular checkup at clinic of Hematology-Oncology Department of the Faculty Hospital in Olomouc, Czech Republic. The population included 20 male and 18 female patients, average age 59.6 years (34–75); 21% of patients live alone, 79% live with a partner or family, and 18% were university educated. Most patients (26 [68%]) were treated with imatinib; dasatinib and nilotinib accounted for 16% (6) each. Patients were on average 7.8 years from diagnosis (0.33–12). On average, patients had 6.15 years of experience with their current medication; for 82% of them, the current TKI was first-line treatment.

Results: Despite the fact that most patients (60%) reported having experienced some adverse effects, these were rarely perceived as serious or bothersome enough to lead to nonadherence. Patients scored consistently high on the necessity scale of the BMQ, but most showed at least 1 significant concern on the concern scale (87% with at least 1 score of ≥3). The MARS scores showed high adherence ~79% scored 24 or 25 out of a 25-point maximum. This is in line with the fact that nearly all (95%) of the patients reported that they feel sufficiently educated about their disease and treatment. Results from questionnaires and demographic data were then correlated with TKI trough blood levels and response to the treatment with TKI to analyze prognostic impact of nonadherence. Final results will be presented at the conference.

Conclusion: Thanks to well-conducted patient education, CML patients on TKI perceive the necessity of their treatment, as measured by the BMQ scale, and have good adherence rates, as measured by the BMQ and MARS scales and TKI trough blood levels, despite experiencing a significant number of side effects. Efficient patient education at our center that has resulted in better adherence level than reported in the previous studies is 1 of the most important preconditions for achievement of optimal response to TKI treatment.

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PP006—CLINICAL DISINTEGRATION TIME AND VOLUME OF WATER REQUIRED FOR ORALLY DISINTEGRATING TABLETS IN HEALTHY VOLUNTEERS

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Introduction: Orally disintegrating tablets (ODTs) disintegrate immediately in the mouth, and thus patients can consume them with little or without any water. These characteristics of ODTs are beneficial for patients who have difficulty swallowing conventional tablets (CTs) and also for patients with diseases in which water intake is restricted. In this study, we evaluated clinical disintegration time of 17 ODTs that are currently available for clinical use and determined the amount of water required to ingest ODTs and CTs.

Patients (or Materials) and Methods: The clinical disintegration time of each ODT was measured by the investigator with a stopwatch. The residue in the oral cavity was removed and rinsed from the mouth with water after the test. In the measurement of the volume of water for ingesting of CTs and ODTs, which did not include any active pharmaceutical ingredients, all volunteers (n = 26) were asked to drink water while consuming CTs; while in the case of ODTs, they were asked to drink water after the ODT disintegrated in their oral cavity. They freely filled the cup with water from the 300-mL bottle and then drank the volume of water required to consume each tablet. The amount of water was measured using the weight of the cup and bottle. All study protocols were approved by the ethics committee of the University of Shizuoka.

Results: To validate the method for measuring the clinical disintegration time of ODTs, the subjects were randomly assigned to 3 groups, and the clinical disintegration times of 2 ODTs were measured. No significant difference was observed in the clinical disintegration time of each ODT among the 3 groups, which indicated the reproducibility.