Conclusion: LHA tends to accept EU requirements as much as it could match local regulation, but local regulation differs significantly from EU. As a consequence, LSU makes additional efforts and communications with LHA and Company, to fulfill each requirement in its own way. The differences could be overcome with harmonization of local regulation with EU and if LHA receive access to EudraVigilance database.

Disclosure of Interest: None declared.

PP040—DRUG INFORMATION UNIT—VALUABLE SOURCE OF INFORMATION, NOVI SAD EXPERIENCE

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Introduction: Medical and pharmaceutical professionals in Serbia gather information on drugs from the National Agency of Drugs and Medical Devices or from the various publications such as British National Formulary and Physicians Drug Reference. General population can obtain information from their general practitioners (GP) or pharmacist. At Department of Pharmacology and Clinical Pharmacology, Medical faculty of Novi Sad, there exists a Drug Information Unit, regional center offering drug information to both professional and general population in Vojvodina (~1,600,000 inhabitants).

Patients (or Materials) and Methods: Clients require information by telephone (>99.5% request) or by e-mail. Interns in Clinical Pharmacology collect necessary data regarding the therapeutic problem (eg, age and sex of the patient, other drugs taken, present diseases). After case solving, and upon the approval from the senior clinical pharmacologist, interns deliver the information to the client (both by telephone and e-mail).

Results: About 3% of all requests are from general population (usually questions on interactions, side effects, dosing, and administration). Remaining requests are from health (20% from GPs and 80% from specialists) or pharmaceutical professionals. Almost 30% of all of the requests of the health professional are regarding possible drug–drug or drug–disease interactions. About 12% of requests are related to side effects of the administered drug. Pregnancy and lactation are subjects of interest in 15% of overall number of requests. Maximal doses allowed and posology have shares of ~11%. Remaining information is concerning the pharmacokinetics of the drug, first-line drugs for certain disease, dosing in children, etc.

Conclusion: According to our experience, the Drug Information Unit is quite useful source of information for both professionals and general population offering various information on different topics related to drugs.

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PP042—SAFETY ASSESSMENT OF LOW DOSES OF METHADONE IN COMBINATION WITH BENZODIAZEPINES IN REAL OCCASIONS DURING METHADONE MAINTENANCE TREATMENT – A PILOT STUDY

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Introduction: Our study assessed the safety of low doses of methadone combined with benzodiazepines during first month of methadone maintenance treatment (MMT) in opioid addicts, according to differences in corrected QT (QTc) interval and side effects.

Patients (or Materials) and Methods: The study included patients with a diagnosis of opioid dependence, who were referred to the MMT at the Clinic of Psychiatry, Clinical Centre of Vojvodina, Novi Sad, during 2012. All patients were interviewed about their age, duration of heroin misuse, and the presence of ECG disorders in the first-degree relatives. One month after the beginning of MMT, they were interviewed about experienced side effects. Data about applied methadone dose and the use of benzodiazepines were collected from the medical history of each patient. Before the methadone intake for the first time and 1 month after the beginning of MMT, all patients underwent a 12-lead ECG. The QTc was calculated using Bazett's formula.

Results: A total of 20 patients were enrolled in the study during the observed period. Their average age (SD) was 32.21 (5.63) years. The average heroin misuse time (SD) was 11.95 (4.02) years. In the patients' history, no cardiovascular diseases were reported, as well as sudden cardiac death or family history of long QTc in the first-degree relatives. A statistically significant increase (P < 0.05) in the length of QTc intervals measured after 1 month of MMT (QTc1) in comparison with those at the baseline (QTc0) was observed. The mean (SD) methadone dose was 45.26 (15.41) mg. The most frequently used drug in combination with methadone was diazepam, which was used in 85% of patients. The mean dose (SD) of diazepam was 30.93 (10.36) mg. A statistically significant dose-dependent correlation between concomitantly used diazepam daily dose and QTc (R2 = 0.47, P = 0.008) was revealed, but without a statistically significant dose-dependent correlation between methadone and QTc (P = 0.960). The most commonly reported side effects were sweating (65%), obstipation (60%), and itch (55%). None of participants experienced any cardiac side effects.

Conclusion: With respect to the results, it would be advisable to perform both pretreatment and regular ECG checkup after 1 month of MMT, especially in case of concomitant use of benzodiazepines.

Key words: methadone, benzodiazepines, QTc, interval, interactions, safety

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PP043—THE INFLUENCE OF HE EDUCATIONAL AND ADMINISTRATIVE MEASURES ON THE TREND OF USE OF UTEROTONICS

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Introduction: According to the recommendations of the World Health Organization, ergot alkaloids are neither the drug of first choice for the induction of the labor and not for the treatment of the postpartum hemorrhage because of their harmful side effects. The objective of this research was to follow the influence of the educa-