Hea was young, involvement in physical activity makes a difference in their health. Mean BMI was 23.52±3.45 and VAS score was 84.46±12.59. There was significant difference of significance was done by using Kruskal-Wallis test.

The study was a prospective study for a period of four month from Jan-May 2013, Prescriptions and patient records files are reviewed and analyzed. Prescription pattern and antibiotic sensitivity was also evaluated. RESULTS: Total 154 patients were included in our study from these 59% were male (n=91) and 41% were female (n=63). Total 19 different antibiotics were prescribed in general surgery in which Amikacin (n=106, 69%), ceftriaxone (n=104, 67%) and metronidazole (n=72, 47%) are most commonly prescribed antibiotics. Most of the patient had undergone hernioplasty surgery (n=33, 22%) followed by Incision & Drainage (n=23, 15%), debridement (n=21, 14%). Appendectomy (n=16, 10%). Pus swab culture (44%) are done most frequently followed by wound culture (n=13, 24%), urine culture (n=9, 17%) in culture and sensitivity test. Most common isolate were klebsiella sp. (n=12, 31%), followed by S. aureus (n=9, 21), E. coli (n=8, 19%) which are resistant to ampicillin, amoxicillin, ceftriaxone, cefuroxime, cefoperazone, cotrimoxazole and ceftazidime. CONCLUSIONS: There was high tendency to prescribe the 3rd generation cephalosporins. Physicians prescribed ceftriaxone antibiotic as prophylaxis for hernioplasty, appendectomy and laparotomy. Most of the patients admitted to surgery unit had received antibiotic without regard to Culture Sensitivity report and standard guidelines. E. coli isolates were found to be 100% resistant to all penicillins, 3rd generation cephalosporins, cotrimoxazole and amoxicil and Klebsella species were found to be 100% resistant to ampicillin.

OBJECTIVES: As medical representative's job involves travelling, waiting, stress due to targets and extended work hours in the field, their health related quality of life is compromised. There are studies reporting how health related quality of life, an exploratory study was done to understand factors influencing health related quality of life. METHODS: In this exploratory study a pilot tested questionnaire was used to collect information on the medical representatives' characteristics, demographics, work and life habits. For health related quality of life measurement both descriptive and visual analogue score of EQ 5D 5L questionnaire were used. The data collected was analyzed using SPSS 16.0. The test of significance was done by using Kruskal-Wallis test. RESULTS: This is a part of large group study which is underway to record health related quality of life among medical representatives, the results presented here are of 150 medical representatives of the population. Among the 150 respondents more than 4 family dependents and 53 % were single. 59.3% worked for more than 8 hours per day. 45.3% were not involved in doing any physical activity. Mean BMI was 23.52±3.45 and VAS score was 84.46±12.59. There was significant difference of VAS score among the groups involved in doing and not doing any physical activity (p<0.001).

CONCLUSIONS: Even though the population studied was young, involvement in physical activity makes a difference in their health related quality of life.

HEALTH CARE USE & POLICY STUDIES – Prescribing Behavior & Treatment Guidelines

PHP99
THE IMPACT OF UNFAMILIARITY IN PALLIATIVE CARE UNDER PHARMACOTHERAPEUTIC ASPECT
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OBJECTIVES: The perception and the knowledge of health care at the end of life is the fundamental key to prevent an aggressive and useless therapy to patients at this stage of life and even more, which may cause more suffering to patients and burden the family. Health expenditures. The aim of this study is to point out the possible impact of unawareness in palliative care under the pharmacotherapeutic aspect to help subsidize the development of improvement programs in this new medical area. METHODS: This study was conducted in 2013, in a mid-sized public and teaching general hospital, located in São Paulo, Brazil. It was based on direct critical assessment of medical prescription sheets of 15 patients classified as terminally ill and should receive palliative care. RESULTS: Approximately half of the patients were male (n=8) and the other half females (n=7). 66% were medical patients and 33% were surgical, almost of them all were adult patients (93.3%). All of them received non-opioid analgesics and antipyretics; 80% received antacids and anticoagulants drugs; 66.6% received hypoglycemic drugs; 53.3% received antidepressants and antihypertensive drugs; 46.6% received vasoactive drugs; 40% received opioids, cardiotonic drugs and statin therapy. And 33% patients received antiallergic drugs and blood products; 26.6% received muscle relaxant drugs, and only 20% received corticosteroids.

CONCLUSIONS: As we found only few prescriptions asking for opioids and benzodiazepines, but there were more frequently to vasoactive drugs, we can say approximately half of the patients were medical patients and 33% are surgical. As we found only few prescriptions asking for opioids and benzodiazepines, but there were more frequently to vasoactive drugs, we can say 66.6% received hypoglycemic drugs; 53.3% received antimicrobial and antihypertensive drugs; 46.6% received vasoactive drugs; 40% received opioids, cardiotonic drugs and statin therapy. And 33% patients received antiallergic drugs and blood products; 26.6% received muscle relaxant drugs, and only 20% received corticosteroids.

PHR90
STUDY OF ANTIBIOTIC PRESCRIPTION PATTERN AND ANTIBIOTIC SENSITIVITY IN SURGERY PATIENT IN TERTIARY CARE HOSPITAL
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OBJECTIVES: Primary Objective – To study prescription pattern of antibiotics as prophylactic and in post surgery infection. Secondary objective – To determine antibiotic sensitivity pattern in bacterial isolate. METHODS: The study was a prospective study for a period of four month from Jan-May 2013, Prescriptions and patient records files are reviewed and analyzed. Prescription pattern and antibiotic sensitivity was also evaluated. RESULTS: Total 154 patients were included in our study from these 59% were male (n=91) and 41% were female (n=63). Total 19 different antibiotics were prescribed in general surgery in which Amikacin (n=106, 69%), ceftriaxone (n=104, 67%) and metronidazole (n=72, 47%) are most commonly prescribed antibiotics. Most of the patient had undergone hernioplasty surgery (n=33, 22%) followed by Incision & Drainage (n=23, 15%), debridement (n=21, 14%). Appendectomy (n=16, 10%). Pus swab culture (44%) are done most frequently followed by wound culture (n=13, 24%), urine culture (n=9, 17%) in culture and sensitivity test. Most common isolate were klebsiella sp. (n=12, 31%), followed by S. aureus (n=9, 21), E. coli (n=8, 19%) which are resistant to ampicillin, amoxicillin, ceftriaxone, cefuroxime, cefoperazone, cotrimoxazole and ceftazidime. CONCLUSIONS: There was high tendency to prescribe the 3rd generation cephalosporins. Physicians prescribed ceftriaxone antibiotic as prophylaxis for hernioplasty, appendectomy and laparotomy. Most of the patients admitted to surgery unit had received antibiotic without regard to Culture Sensitivity report and standard guidelines. E. coli isolates were found to be 100% resistant to all penicillins, 3rd generation cephalosporins, cotrimoxazole and amoxicil and Klebsella species were found to be 100% resistant to ampicillin. Objectives: Perioperative bleeding sometimes results in severe consequence. An understanding of hemorrhosis approaches is crucial in managing the operations. This review aims to show the development of hemorrhosis in surgery around the world including China. METHODS: Literature in PUBMED was searched between 2009 and 2014, search terms included hemorrhosis and surgery, filters included human, English and clinical trials. A similar search was done in Chinese CNKI database. Searches were searched in full text, and studies were selected on the basis of final criteria. On average, 1 paper was published every year until 2006 while 8 papers were published between 2006 and 2010, and 16 after 2010. The publications’ pace increases exponentially from 2011 to finally reach 19 publications in 2013. In the first ten weeks of 2014, 9 articles are already particularly intense, which can be interpreted as a real trend. In conclusion, this study reveals a correlation between pharmacoeconomic guidelines and volume of publications. Even if the pace of this new discipline remains minor because of the initial level of submission, significant efforts are undertaken to submit and use pharmacoeconomic studies as fully-fledged, leading to pricing and reimbursment decisions.