guidelines for prevention and treatment has gained attention in many developed countries. The objective of our study was to investigate to what extent clinical practice guidelines consider cost-effectiveness and budget impact according to the most recent economic evidence. METHODS: We carried out systematic literature reviews of economic evidence for the five most important medications by means of expenditures in the The Netherlands in 2007 (cholesterol-lowering drugs, antihypertensives, proton pump inhibitors, long-acting bronchodilators/ inhaled corticosteroids and antidepresants). Consequently, we compared the economic evidence to the recommendations of the relevant clinical practice guidelines. RESULTS: Eleven clinical practice guidelines were determined to be relevant for the medications under consideration. Although the recommendations of each of these guidelines are largely in agreement with the most recent economic evidence, 9/11 guidelines hardly considered the cost-effectiveness of the medications. The guidelines ‘Cardiovascular Risk Management’ (2006) and ‘Anxiety Disorders’ (2003) systematically regarded cost-effectiveness, but their recommendations are not based on the most recent economic evidence. Only the guideline ‘Cardiovascular Risk Management’ (2006) considered budget impact to take accessibility and affordability constraints into account when considering cost-effectiveness. CONCLUSIONS: Limited or no attention to economic evidence does not necessarily lead to ‘wrong’ recommendations. However, the consideration of cost-effectiveness and budget impact in clinical practice guideline development is needed to increase clinician compliance, which in turn could ensure accessibility, affordability and quality of care in national health care systems. Furthermore, their consideration could harmonise national guidelines with reimbursement decisions. Engaging an economic expert in the guideline development process could contribute to the integration of the most recent economic evidence in clinical practice guidelines.

**ROLE OF QUALITY IMPROVEMENT FOR MANAGEMENT OF SURGICAL BLEED COMPLICATIONS (SBCs)**

**OBJECTIVES:** Many different methods exist for managing surgical bleeding complications (SBCs) and reducing transfusions during procedures. The techniques utilized are dependent on institutional policies, resulting in highly variable clinical and economic outcomes between different institutions. Our objective was to review the current literature on the quality and costs of SBC interventions to prevent and manage transfusions during surgeries and provide recommendations on future directions for quality improvement of SBCs. METHODS: A comprehensive review was conducted using Cochrane library, Embase and Scopus databases with the following key search terms: surgery, transfusions, bleeding, hemostasis and costs. Inclusion criteria included the pre, peri and post-operative periods have the greatest potential to minimize transfusions. Most studies assessing the economic impact of BP interventions did not include the cost of staff time, other resources beyond blood acquisition cost and longer-term complications. The exclusion of these components may underestimate the actual costs of transfusions and may have implications in assessing true cost-effectiveness of BP interventions. Consensus exists that transfusions can and should be prevented during surgery, yet there’s a lack of agreement on the optimal use of interventions for blood loss management. CONCLUSIONS: Wide agreement on the necessity of avoiding transfusion exists, yet proven methods for minimizing SBCs are underused. Multifaceted algorithms for minimizing SBCs show promising results, where they have been used. Future QI projects should focus on reducing variation in practices through the development of evidence-based standards and guidelines for the effective use of BP interventions.

**PERCEPTION OF PHARMACISTS SALES REPRESENTATIVES BY PHYSICIANS**

**OBJECTIVES:** Pharmacists as sales representatives influence on prescribing physicians. This research is focused on their characteristics valued by physicians to improve their communication and the effectiveness of cooperation. METHODS: The sample includes 203 physicians from Central Serbia: 78 general practitioners, 125 specialists, 72 males and 131 females. It was used the scale of attitudes on pharmacists sale representatives regarding the provision of drug information. The instrument includes 20 items and the five-point Likert scale. RESULTS: The relations between the following variables: the impression of responsible pharmacist when visiting physicians is in a positive correlation with professional terminology used by pharmacist (r = 0.650, p < 0.01), the argued presentation of preparations (r = 0.652, p < 0.01), the systematic exposure of drug materials (r = 0.583, p < 0.01), and visual eye contact during presentation (r = 0.648, p < 0.01) is significant and negatively correlated with an argued information on preparation (r = −0.792, p < 0.01), and negatively correlated to an argued information on preparation (r = −0.523, p < 0.01). The impression of incompotence was positively correlated to fear physician performance (r = 0.654, p < 0.01) and uncertainty in an interaction with physicians (r = 0.792, p < 0.01), and negatively correlated to an argued information on preparation (r = −0.792, p < 0.01) and negatively correlated to an argued information on preparation (r = −0.523, p < 0.01). The impression of incompotence was positively correlated to fear physician performance (r = 0.654, p < 0.01) and uncertainty in an interaction with physicians (r = 0.792, p < 0.01), and negatively correlated to an argued information on preparation (r = −0.792, p < 0.01) and negatively correlated to an argued information on preparation (r = −0.523, p < 0.01). The impression of incompotence was positively correlated to fear physician performance (r = 0.654, p < 0.01) and uncertainty in an interaction with physicians (r = 0.792, p < 0.01), and negatively correlated to an argued information on preparation (r = −0.792, p < 0.01) and negatively correlated to an argued information on preparation (r = −0.523, p < 0.01). The impression of incompotence was positively correlated to fear physician performance (r = 0.654, p < 0.01) and uncertainty in an interaction with physicians (r = 0.792, p < 0.01), and negatively correlated to an argued information on preparation (r = −0.792, p < 0.01) and negatively correlated to an argued information on preparation (r = −0.523, p < 0.01). The impression of incompotence was positively correlated to fear physician performance (r = 0.654, p < 0.01) and uncertainty in an interaction with physicians (r = 0.792, p < 0.01), and negatively correlated to an argued information on preparation (r = −0.792, p < 0.01) and negatively correlated to an argued information on preparation (r = −0.523, p < 0.01).