Interventions focusing on promoting DSME and overcoming the barriers of DSME should be designed.

**PHS51**
Determination of Adherence to Pharmacotherapy Antiretroviral in HIV+ Patients by the Registration Dispensation
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**OBJECTIVES:** This quantitative study aimed to determine the degree of adherence to antiretroviral therapy (ART) by recording dispensation in HIV-infected patients attending in a reference (Secondary Center Health) in Fortaleza, Ceará, Brazil. Monitoring of adherence should be a strategic goal in caring for patients infected with HIV.

**METHODS:** A Pharmaceutical Care Service in Jos University Teaching Hospital (JUTH) were recruited in the general ART program. Articulation between patients starting antiretroviral therapy between December 2008 and February 2012. These were evaluated monthly for 09 months as adherence through the registry to ARV Dispensing Service Pharmacy and classified according to the scale of Stern (1988) and adapted by Sohmana (2009) as to the project. This study was approved by the Ethics Committee of the Federal University of Ceará. Data analyzed in Excell and SPSS®. **RESULTS:** The profile analysis showed that most patients were male (62%, n=62), single (55%, n=55) and were living with their family (66%, n=66). Regarding adherence, 84 patients (84%) were classified as Good Adherence - less than 29 days late (>95% adherence) and 06 infected (6%) in Critical Zone - between 29/74 days late (between 95 - 70% compliance), ten patients were Bad Adherence - more than 74 days late (>70% adherence) and no patient had more than 180 days late 2 receive ARVs, with no interruption of treatment for this classification. **CONCLUSIONS:** Pharmacy records are important to record of potential non-adherence and should be incorporated in such clinical practice. The pharmaceutical and clinical attention in the care and treatment of the infection by the HIV should be prioritized to reach out to poor compliance and adherence or irregular patients with ARV pickups.

**PHS52**
DETERMINANTS OF UTILIZATION OF A NO-COST HIV TRANSITION CLINIC IN UGANDA: A CROSS SECTIONAL STUDY OF YOUNG ADULTS LIVING WITH HIV/AIDS
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**OBJECTIVES:** To understand the levels and determinants the HIV Transition Clinic services utilization by young adults at Infectious Diseases Institute, Kampala, Uganda. **METHODS:** A cross sectional study using quantitative methodology. A random sample of 379 young adults living with HIV of ages between the ages of 15-24 years. At analysis utilization was categorized into two levels; regular (kept all appointment visits) and irregular (missed one or more appointments utilization). Univariable, bivariable and multivariable logistic regression was used to establish determinants associated with utilization of the HTC. **RESULTS:** Of the 379 respondents, only 32.4% were regular users of the HTC. There are low levels of regular utilization of the HTC. Female young adults have better service utilization rates compared to the males in HTC. The male to female ratio was 1.5. The determinants of HTC regular utilization were CD4 cell count category of 250-2603/μl (AOR 0.58, 95%CI: 0.36-0.95), not currently receiving HIV counseling services (AOR 0.47, 95%CI: 0.27-0.83). The factors that were associated with reduced the chance of regular use of the HTC were: CD4 cell count between 250-0.47, 95%CI: 0.27-0.83). Monitoring of adherence should be a strategic goal in caring for patients infected with HIV. **CONCLUSIONS:** Pharmacy records are important to record of potential non-adherence and should be incorporated in such clinical practice. The pharmaceutical and clinical attention in the care and treatment of the infection by the HIV should be prioritized to reach out to poor compliance and adherence or irregular patients with ARV pickups.

**PHS53**
DETERMINANTS OF COMPLIANCE OF METHADONE MAINTENANCE TREATMENT IN SHANGHAI, CHINA
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**OBJECTIVES:** The methadone maintenance treatment (MMT) program has been implemented in China since 2005. Opiate-positive individuals and injection drug users are under the management of government departments with the necessary MMT compliance and retention data to assist in facilitating decision-making related to the development of management and intervention strategies. Our study has portrayed the trend of MMT compliance and retention and has also served to identify related predictive factors of individuals enrolled in the MMT program. **METHODS:** A retrospective evaluation was performed using data from the Shanghai component of the National MMT data management system (a prospectively collected database) records that were missing for >30 continuous days. A Cox model for recurrence events was utilized in order to estimate a hazard ratio (HR) predicting dropout rates during the follow-up period. **RESULTS:** Total 6169 individuals were cumulatively enrolled, 63% dropped out of the program at least one time, and 74% returned to treatment (p<0.01) by the end of the study. Our adjusted analyses demonstrated that the dropout occurring was more likely to occur among younger individuals (<30 years versus >50 years old, HR=1.48, 95%CI: 1.22-1.81), participants from ethnic minorities (HR=1.48, 95% CI: 1.06-2.06), those who were less educated (HR=1.31, 95%CI: 1.04-1.66), those sharing needles with others (HR=1.25, 95%CI: 1.01-1.53), those whose urine tested positive for opiates (HR=2.68, 95%CI: 2.43-2.97), and those who had a low average methadone dose in the initial treatment (<20mg versus >60mg, HR=1.79, 95%CI: 1.40-2.28). **CONCLUSIONS:** MMT compliance and retention is a challenge of maintaining a high MMT retention rate. Comprehensive interventions should be considered among specific populations, such as the young, poorly educated, drug-positive individuals and injection drug users.

**PHS54**
INFLUENCE OF PHARMacist MEDIATED MEDICATION COUNSELING ON ADHERENCE BEHAVIOR IN HYPERTENSIVE PATIENTS AT A SOUTH INDIAN TERTIARY CARE TEACHING HOSPITAL
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**OBJECTIVES:** To study the influence of pharmacist mediated medication counseling on illness related factual knowledge, perceptions, and medication adherence behavior in hypertensive patients of a South Indian tertiary care teaching hospital. **METHODS:** The Present study was a one year prospective open label study. Institutional Ethical committee has approved the study. Eligible patients were enrolled after collecting the written informed consent. A suitably designed and validated KAP questionnaire was applied to assess the illness related factual knowledge, practices to manage the disease and its complications at base line and at final follow up after 120 days. Structured medication counseling was provided to all patients at first follow up and subsequent 3 follow ups. Brief Medication Questionnaire (BMQ). Pill count and Patient diary methods were applied at base line and subsequent follow ups of 30 days gap to assess the medication adherence behavior in the enrolled patients. Blood pressure was recorded at both base line and follow up during the study period. Student's t test was applied to assess the influence of medication counseling on KAP and medication adherence behavior. **RESULTS:** During the study period 76 eligible patients (Male: 43% female: 57%) completed all the study follow up. A highly significant improvement (p<0.01) in the knowledge, attitude and practice of patients was observed at the final follow up compared to base line. A significant improvement (p<0.05) was observed in all screens of BMQ and significant improvement (p<0.00) was observed in both systolic and diastolic blood pressures. **CONCLUSIONS:** Pharmacist mediated medication counseling has improved patients' knowledge, attitude and practices towards the disease and medication adherence behavior and clinical outcomes.

**PHS55**
GENERATING UTILITY VALUES FOR USE IN COST-UTILITY ANALYSES OF DELIRIUM INTERVENTIONS: A PREFERENCES TRIAL (DRPT)
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**OBJECTIVES:** Delirium is common in hospitalised older patients with medical and surgical conditions, leads to poor outcomes and is an increasing burden on health care resources. A systematic review yielded no utility values for this population. The objective was to generate utility values to parameterise cost-utility decision models of delirium interventions in hospitalised elderly. **METHODS:** A literature review identified only one study that: a) captured utility for delirium; b) employed a multi-attribute utility (or convertible) measure. The study included hip fracture and hip surgery patients in Sweden (n=115; mean age=83) and collected SF-36 data (assessment and 6 months) and delirium diagnoses (n=12; 12.5% of these had delirium on discharge). The study authors calculated the data and delirium utility using a) SF-6D conversion i) published EQ-5D mapping algorithm. **RESULTS:** Pre-delirium utility differences between No Delirium and Delirium conditions were all non-significant. In the expected SD utility values, SF-6D utility values were: Admission-0.598 (115) and 0.623 (081); 6 months-0.633 (144) and 0.618 (122), respectively for No Delirium and Delirium. **CONCLUSIONS:** Delirium has a lasting negative impact on patient utility. The utility values presented will be useful for future cost-utility analyses of delirium interventions targeting hip fracture. Assuming a negative impact on health of other hip fracture care, this impact is likely to result in a non-significant impact as utility assessment during the delirium episode is not possible and longer term values are not available. Thus estimates at 1, 3 and post 6 months would provide a fuller picture of outcomes.

**PHS56**
EUROQOL (EQ-5D) HEALTH UTILITY SCORES IN POST-TRAUMATIC STRESS DISORDER (PTSD) PATIENTS: RESULTS FROM A DOUBLY RANDOMIZED PREFERENCE TRIAL (DRT)
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**OBJECTIVES:** To assess health utility scores associated with currently diagnosed PTSD and treatment preference effects during prolonged exposure therapy (PE) and pharmacotherapy with sertraline.
HEALTH-RELATED QUALITY OF LIFE (HRQOL) IN COLORECTAL CANCER

Patients who have colorectal cancer may experience significant symptoms that affect their quality of life. The treatment options for colorectal cancer include surgery, chemotherapy, and radiation therapy. The impact of these treatments on HRQOL is an important consideration for patients and healthcare providers.

Aim: To determine the HRQOL scores in colorectal patients treated with a curative intent after having completed their treatment in a tertiary hospital.

METHODS: We selected patients with colorectal cancer, treated with surgery and chemotherapy, with the median time to the end of the treatment. We used EQ-5D questionnaires: QLQ-C30, QLQ-CR29 and IN-PATSA62. The mean and standard deviation were calculated. The scores for questionnaires were calculated with formulas and instructions according to EORTC Scoring Manual. The scores were correlated through Pearson R test. RESULTS: Global health status/QoL showed a mean score of 88.26 ±16.99; the other means were: role functioning 79.73 ±7.79, emotional functioning 84.09 ±13.34, diarrhea 15.15 ±26.68, constipation 13.64 ±19.68, urinary frequency 22.73 ±29.34, abdominal pain 7.95 ±14.30, bloating 7.58 ±14.30, dry mouth 9.09 ±18.35, sore skin 15.15 ±32.08, stoma care problems 16.67 ±25.20. In the satisfaction questionnaire, the scores for different levels of technical skills were 90.15 ±16.65 and information about disease 90.91 ±16.65, for nurses: technical skills 76.89 ±24.25 and information provision 68.94 ±25.22, access 58.52 ±23.90, wait time 54.55 ±26.32, comfort/cleanliness 61.36 ±31.55 and general satisfaction 72.73 ±25.48. We also documented associations between physical functioning and body surface (r = 0.52, p = 0.01), role functioning and carcinomembranogenic antigen (r = 0.45, p = 0.03), cognitive functioning and glucose serum levels (r = 0.51, p = 0.01), pain and peripheral blood leukocyte count (r = 0.73, p = 0.000), sexual interest (men) and albumin serum levels (r = 0.85, p = 0.01), dry mouth and glucose serum levels (r = 0.55, p = 0.008) and between flatulence and glucose serum levels (r = 0.47, p = 0.026).

CONCLUSIONS: Emotional functioning and psychological issues are not statistically significant in patients who have received colorectal cancer treatment. The scores for different levels of technical skills were 90.15 ±16.65 and information about disease 90.91 ±16.65, for nurses: technical skills 76.89 ±24.25 and information provision 68.94 ±25.22, access 58.52 ±23.90, wait time 54.55 ±26.32, comfort/cleanliness 61.36 ±31.55 and general satisfaction 72.73 ±25.48. We also documented associations between physical functioning and body surface (r = 0.52, p = 0.01), role functioning and carcinomembranogenic antigen (r = 0.45, p = 0.03), cognitive functioning and glucose serum levels (r = 0.51, p = 0.01), pain and peripheral blood leukocyte count (r = 0.73, p = 0.000), sexual interest (men) and albumin serum levels (r = 0.85, p = 0.01), dry mouth and glucose serum levels (r = 0.55, p = 0.008) and between flatulence and glucose serum levels (r = 0.47, p = 0.026).

PS585

IMPLICATIONS OF A PROTOTYPE PHARMACOLOGICAL THERAPY FOR CLINICAL USE: A REVIEW OF THE LITERATURE

Pharmacological therapy for colorectal cancer is an important aspect of treatment. The effectiveness and side effects of different therapies are crucial for patients and healthcare providers. A review of the literature is necessary to evaluate the current state of pharmacological therapy for colorectal cancer.

Aim: To review the latest developments in pharmacological therapy for colorectal cancer.

METHODS: A systematic review of the literature was conducted using PubMed, Embase, and Cochrane Library databases. The search terms used were colorectal cancer, pharmacological therapy, and treatment outcomes.

RESULTS: A total of 100 relevant articles were identified. The most common pharmacological therapies included chemotherapy, targeted therapy, and immunotherapy. The effectiveness of these therapies varied depending on the stage and subtype of colorectal cancer. The most common side effects of these therapies were nausea, vomiting, diarrhea, and fatigue.

CONCLUSIONS: Pharmacological therapy for colorectal cancer is a rapidly evolving field. Further research is needed to improve the effectiveness and reduce the side effects of these therapies. A comprehensive review of the literature is essential for clinicians to make evidence-based decisions for their patients.