domestic one, which also denoted COBAS test to be a less costly and more effective / robust assay. In addition, sensitivity analysis showed the result was not sensitive to main indicators, including test price, week-4 and week-12 treatment response rate, week-4 and week-12 false negative rate of domestic test, SR rate of 24-week treatment for CEVR, and proportion of non-CEVR in RNA positive in 12-week. Compared with domestic HCV RNA test, for the short term treatment course, COBAS test can identify RVR & EVR more accurately, make more appropriate decisions of course period and have more patients achieve SVR. And in further analysis, COBAS test appropriate course of treatment can prolong patient’s life year, improve patient’s life quality as well as decrease total medical expense due to less disease progress.

GASTROINTESTINAL DISORDERS – Health Care Use & Policy Studies

PG16
DRUG UTILIZATION REVIEW OF ACID SUPPRESSANTS (DURABLE) – AN AUDIT TO ASSESS THE UTILIZATION OF PROTON PUMP INHIBITORS AND HISTAMINE H2-RECEPTOR ANTAGONISTS IN CANADIAN HOSPITALS

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OBJECTIVES: Inappropriate utilization of proton pump inhibitors (PPI) and H2-receptor antagonists (H2RA) in inpatients is prevalent, but poorly defined. We undertook a rigorous national audit to allow the standardization of grading system for appropriate use. METHODS: Medical and demographic data were collected for all in-patients receiving a PPI or H2RA. Ranges reviewed included intravenous bolus PPI or oral H2RA (IVB), intravenous high dose continuous infusion PPI or H2RA (IVci), oral PPI or H2RA (PO); and were categorized as Endorsed (5% of PPI or 2% of H2RA), Critical (≥ 20% of PPI or ≥ 10% of H2RA) or Not Endorsed [1]. Multivariate modeling was performed to assess predictors of E and N-e use. RESULTS: Over 6 months, 1720 patients (age: 64±16.7; 43% women) receiving 2890 drug regimens were included from 21 Canadian institutions; 28% were taking a PPI and 7% an H2RA before admission. 95% of in-hospital drug regimen were for ≥ 3 days. From post hoc analysis 5% a H2RA, 25% of PPI. Proportions for E and N-E uses were 28% [25,30,7] and 72% [69.3-75,4] 18.5 [15.2- 21.7] and 81.8 [78.8-84.9] and 42.9 [40.4, 54.5] and 57.1 [52.6, 60.7] for IVb, IVc, and PO respectively. The most common indication was upper GI bleeding (70% of NIC, 79% of PO). H2RA usage was 18% of NIC and 25% of PO regimens, 77% NIC. Stress ulcer prophylaxis was the prescribing indication in 8% of IVb (94% N-E), and 6% of oral (88% N-E). Independent predictors of E were suspicion of UGIB (for IVci and PO regimens), time of drug administration (for IVb and IVc), and age (for IVc). CONCLUSIONS: Existing consensus recommendations provided no guidance as to appropriate dosing in use in up to 40% of regimens. Endorsed use was noted in only 28% of IVb, 18% of IVc, and 43% of PO regimens. These data will help guide future guideline recommendations to optimize in-hospital prescribing of acid suppressants.

INDIVIDUAL’S HEALTH – Clinical Outcomes Studies

PIH1
ACUTE DRUG EVENTS: HOW INFORMATION TECHNOLOGY WILL MEET THE CHALLENGES OF PHARMACOVIGILANCE

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OBJECTIVES: For many years, pharmacovigilance has been associated with functional decline and adverse outcomes in vulnerable population and with an increased risk of Adverse Drug Events (ADE), particularly in fragile patients such as the elderly with complex medical conditions. Aim of this observational study was to describe and evaluate the ADE in patients with polypharmacy by a digital health service that prevents medical errors. RESULTS: A total of 501 DDIs were identified: the severity was low in 35.5%, moderate in ≥ 46%, and high in 18% of cases. Indirectly, but also illustrate potential maternal health in a country or area by providing significant information to influence the delivery of health services and health policy. CONCLUSIONS: SMM can reflect the severe degree of maternal outcomes indirectly, but also illustrate potential maternal health in a country or area by providing significant information to influence the delivery of health services and health policy. PMI
EFFECT OF VITAMIN E ON THE VAGINAL MATURATION INDEX OF POSTMENOPAUSAL WOMEN

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ABSTRACT OBJECTIVES: The present study is a meta-analysis of clinical studies concerning the treatment of postmenopausal women (PM) with organophosphorus (OP) intoxicated patients. METHODS: PubMed, Scopus, Google Scholar, and clinical trials.gov were searched for studies investigated the effects of oximes in the treatment of postmenopausal women poisoned with organophosphorus insecticides (ICU) admission rate, and intubation rate were the key outcomes of interest. Data were searched in the time period of 1966 through December 2013. RESULTS: Ten studies (nine clinical trials and one historical cohort) that met our criteria were included. Our analysis showed that mortality risk for need for intubation in OP poisoning for eight included trials comparing oximes to placebo was 1.27 with 95% CI: 0.73 to 2.3 (P = 0.4). RR of only one observational study was 1.57 (95% CI = 0.79 to 3.2, P=0.05). The summary of RR for mortality rate in 9 studies was 0.38 (95% CI: 0.65 to 2.97, P = 0.41) and for one observational study was 1.33 (95% CI: 0.54 to 3.29, P=0.05). The RR for ICU admission rate in OP poisoning for three trials comparing oximes to placebo was 12 with 95% CI = 0.89 to 50.0 (P < 0.01). For only one observational study RR was 0.81 (95% CI: 0.49 to 1.25, P > 0.05). For intermediate syndrome, while the RR of only trial comparing oximes with placebo was 1.89 (95% CI: 1.27 to 2.91, P<0.05) while for only one observational study it was 1.43 (95% CI: 0.7 to 2.96, P=0.05). CONCLUSIONS: According to these data, oximes beneficence in OP poisoning is unclear and if administered, great caution must be exercised because of increase in ICU admission rate and incidence of intermediate syndrome. KEYWORDS: Organophosphorus, oxime, poisoning, meta-analysis.

PIH3
EFFICACY OF ATROPINE ALONE AND WITH GLYCOPHYLLIN ALONE IN ORGANOPHOSPHATE POISONING

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ABSTRACT OBJECTIVES: Atropine and glucopyrrolate alone and in combination have been proposed to be effective to treat the first and second stage of organophosphate poisoning. However, there is no evidence that glucopyrrolate is superior to atropine in the treatment of organophosphate poisoning. METHODS: A total of 310 patients with organophosphate poisoning were included in the study. The patients were randomly divided into three groups. Each group received either atropine, glucopyrrolate, or atropine combined with glucopyrrolate intramuscularly according to their decision. RESULTS: The hemoglobin level, the respiratory response, and the level of consciousness improved in the three groups. However, the atropine-plus-glucopyrrolate group had better outcomes for all the variables compared to the glucopyrrolate-alone and atropine-alone groups. CONCLUSIONS: The results suggest that atropine plus glucopyrrolate may be more effective than atropine or glucopyrrolate alone in the treatment of organophosphate poisoning.