Conclusion: Adverse drug reactions occur in patients that are on antiretroviral therapy. The most common reaction reported so far in our facility is lipodystrophy.
Disclosure of Interest: None declared.

ISoP18-1411 Recurrent Vasculitis Induced by Different Non Steroidal Anti Inflammatory Drugs

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Background/Introduction: Vasculitis, also known as angiitis or arteritis, is an inflammation affecting the vessel wall. It can be primary or secondary to a drug intake. In this case, it's called Hypersensitivity vasculitis or leukocytoclastic vasculitis (LCV).
Vascularitis to non-steroidal anti-inflammatory drugs (NSAIDs) are rare in spite of their wide use. Only a few cases of hypersensitivity angiitis related to NSAIDs have been described.
Objective/Aim: We report a case of recurrent vasculitis in a 55-year-old female probably associated with NSAIDs.
Methods: This case was notified on February 17th 2017 and was analyzed according to the French updated method for the causality assessment of adverse drug reactions [1].
Results: A 55-year-old female, was prescribed ibuprofen, as symptomatic treatment for an angina. Two days later, she developed painful purpuric lesions, initially on both legs, then on the thighs, upper limbs, and abdomen. The lesions were associated with aphtoid erosions on the mucous side of the lips, without improvement under symptomatic treatment (antihistamine, local corticosteroid). Cutaneous histopathological examination was in favor of vasculitis. The evolution was marked by the regression of the symptomatology, 4 days after stopping the drug intake. The same symptomatology reappeared in March 2017 and in November 2017, after taking niflumic acid and piroxicam, respectively, within the same delays, of about 48 h after drug intake.
The responsibility of NSAIDs was highly suspected mainly because of the recurrence of the vasculitis only after the drug intake and the regression of the symptoms after their withdrawal.
Several reports have described vasculitis associated with specific NSAIDs such as apirin, naproxen, or ibuprofen. However, no study has ever described a cross side effect between NSAIDs.
Conclusion: This cross-reaction would suggest an immuno-allergic mechanism in common between these NSAIDs, or a class effect (related to the action of NSAIDs). More studies are needed to confirm this hypothesis.
References:

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Disclosure of Interest: None declared.

ISoP18-1412 Exploring Health Professionals Perceptions About Drug Related Problems in Older Patients

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Background/Introduction: The high prevalence of chronic diseases in the elderly population leads to a wide use of drugs by this population. Older patients use, on average, 2–5 prescription drugs daily, and about 20–40%, use more than 5 medicines. Besides the high level of prescription, elderly drugs overuse are also related to higher frequency and drug intake for longer durations than clinically indicated. Drug related problems (DRP) are frequent in these patients, leading to inefficacy of treatment and to adverse drug reactions. Primary care physicians, nurses and community pharmacists have an important role in solving DRP among older patients not institutionalized.
Objective/Aim: Explore primary care physicians´, nurses´ and pharmacists´, perceptions about drug related problems in older patients.
Methods: A qualitative research in the form of focus group was developed with primary care physicians, nurses and community pharmacists. The sessions were moderated by a researcher, following a top guide, and were audio-recorded and transcribed by another researcher. The study was developed during May 2018. Participants were informed about the aim and methodologyof the study. A signed informed consent was obtained from each one of the participants. The study was approved by the ethical committee of the Center Health Region of Portugal, and from the Portuguese Data Protection Authority.
Results: Two focus groups were conducted with primary care physicians (n = 10), nurses (n = 4) and community pharmacists (n = 7). The main problems identified were duplication of medication (physicians attributed these problems to the generic medicines dispensing in pharmacies), drug interactions, and mistakes with drugs, during self-administration. Health professionals have the perception that patients' mistakes with drugs are frequent because sometimes packages are similar, patients´ decline of cognitive function and forgetfulness, excessive and inadequate use of medicines boxes, with exposition of medicines to the inappropriate conditions.
Conclusion: Physicians, nurses and pharmacists, recognize that drug related problems are frequent in older patients, but they tend to attribute causes to others (patients, other health professional, industry and to the health system organization).
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ISoP18-1413 Chemotherapy Induced Hand Foot Syndrome

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Background/Introduction: Chemotherapy drugs can be responsible of several side effects such as the hand-foot syndrome (HFS). Without proper management, it can deteriorate the quality of life of the patient, leading to a temporary or definitive stop of chemotherapy.
Objective/Aim: The aim of this work was to study the epidemiological and clinical characteristics of patients who were referred to the Pharmacovigilance Center with HFS, and to identify chemotherapy drugs which are most likely to be responsible of the occurrence of HFS.
Methods: Our study was retrospective, performed over a period of 7 years from January 2010 until April 2017. We collected the cases of HSF associated with chemotherapy drugs and notified to the National Center of Pharmacovigilance during this period. These cases were validates according to the French method of imputability. The severity of the HFS was classified according to the National Cancer Institute (NCI)-Common Terminology Criteria for Adverse Events (CTCAE) v4.0 classification.
Results: The study included 42 patients: 40 women and 2 men. The mean age was 51 years old. Docetaxel was the main drug involved in the HSF. Hands were involved in all cases and were sometimes associated with other skin surfaces apart from the feet. Erythema of the hands and/or feet was present in all patients. It was associated with edema in more than half of the cases. The distribution of different grades according to NCI-CTCAE classification among patients, was almost equal: 28% grade 1, 36% grade 2 and 36% grade 3. The regression of HFS occurred more rapidly for grade 1 and 2 compared with grade3, especially when associated with symptomatic treatment. The occurrence rate of HFS for these patients with decreased doses, spacing of cures and/or symptomatic and prophylaxis treatment, was 25%.
Our study revealed that Docetaxel was the principal drug implicated in HFS in a population composed mainly by women. The onset of the syndrome did not differ according to the grade. However, the regression depended on the grade and the prophylaxis measurements.
Conclusion: An early detection of HFS, associated with preventive measures, can be a good way to enable patients to continue their chemotherapy.
Disclosure of Interest: None declared.

ISoP18-1414 Lipoatrophy Complicating Panniculitis Secondary to Treatment by Beta-Interferon

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Background/Introduction: Biopharmaceutical products in multiple sclerosis, have frequent side effects, which may lead to lack of compliance. The most common side effects of subcutaneous interferon-beta therapy include pain, inflammation, and induration at the injection site. With the actual electronic autoinjector and the education of patients with changing sites and the use of icing, the complicated forms of this adverse reaction became rare.
Objective/Aim: We report an exceptional case of complicated panniculitis in a patient treated by beta interferon since 2015.
Methods: This case was notified on December 27th 2017 and was analyzed according to the French updated method for the causality assessment of adverse drug reactions [1].
Results: A 23-year-old woman, with a multiple sclerosis history, was prescribed, since 2015, beta interferon 1-alpha, at the dose of 44 µg, three times a week. She used the interferon with the recommended electronic autoinjector and respected the sites rotation. She also used to ice the site before injection. One year after the beginning of the treatment, she developed, inflammatory lesions at the injection sites: the external side of the two arms and the anterior face of the thighs. The patient did not stop the drug and go on injections despite of two episodes of abscess in the two arms. She was treated with antibiotics and followed her interferon treatment. The inflammation and the abscess evolved into induration and fibrosis lesions, so much that the treatment does not pass anymore into the skin. The patient was referred to the National Center of Pharmacovigilance, since she was no longer able to inject her treatment because of the fibrosis.
Panniculitis induced by beta interferon is prevented by raising the patient's awareness of the importance of the rotation of injection sites, the manual palpation and the regular examination of all injection sites. Non-steroid anti-inflammatory gels and local corticosteroids can help patients and improve their compliance [2]. Once the side effect installed, we can change the multiple sclerosis treatment using other routes of administration: intravenous, intramuscular and lately oral route.
Conclusion: Through this case, we emphasize the importance of preventive measures, to avoid this kind of side effects.
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ISoP18-1415 Patient Knowledge of Adverse Drug Reaction Reporting

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Background/Introduction: Patients can report adverse drug reactions (ADRs) to the Yellow Card Scheme (YCS) in the UK, and elsewhere. Studies have shown that patient reports add value and identify previously unrecognised serious adverse drug reactions. Patients have a lot of knowledge about their adverse drug reactions and the detail provided in