and no need to wait for blood tests. One patient did not have a starting EASI score (under a tertiary hospital). Twenty-nine of the 30 patients experienced both the required 50% or more reduction in EASI score at the review meeting and the at least a 4-point reduction in DLQI. The one patient who did not respond had treatment ceased. At approximately week 16, for all patients the ASI score changed from a mean of 29.7 (range 3-66.7) to 3.6 (range 0-27.9), and DLQI from a mean of 18.9 (range 7-30) to 4.4 (range 0-28).

Discussion/Conclusion: This study found that all but one of 30 patients had been on prior systemic therapy, and all but one patient met the NICE criteria at the review period (treatment then ceased). This was a sample of approximately one-third of the patients who had received dupilumab. Acknowledging that the dupilumab NHS price is about £16,000 per patient per year, these reassuring results of NICE compliance have been shared with Dermatology. We recognise the limitations of a single centre, very small-scale study. We do not report prolonged follow up of patients in relation to any improvement in their atopic dermatitis other than what we observed documented in Dermatology letters at commencement and review of treatment.

Keywords: Dupilumab; atopic dermatitis

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Pain management in community pharmacy: a survey of pharmacy customers

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Introduction: Pain is one the few sensory and emotional experiences experienced by almost all humans. When pain is uncontrolled, prolonged or disabling, people are likely to seek help from healthcare professionals[1]. Community pharmacies are located in the centre of communities, providing easy access to highly trained healthcare professionals, and medicines, without an appointment. Consequently, many customer interactions within pharmacies may relate to pain, however current information on the utilisation of community pharmacies for pain management and the nature of interactions is limited.

Aim: To gain a greater understanding of how pharmacy customers use community pharmacies to manage pain.

Methods: A questionnaire survey was administered to customers in 14 community pharmacies situated within the East Midlands between 7th and 26th March 2022. Pharmacy customers were approached and invited to take part if they were aged 18 years or above and had capacity. Participants were asked information about their use of community pharmacy in general, and their use of community pharmacy in relation to pain and pain medicines. Responses were recorded electronically using the Qualtrics survey platform. Descriptive statistics were derived using Microsoft Excel. Ethical approval for the study was given by the School of Pharmacy Research Ethics Committee at the University of Nottingham (ref 2017-017er).

Results: Of the pharmacy customers approached, 2798 consented to taking part in the survey (response rate = 36.2%). Approximately two-thirds of participants were female (68.7%, n=1901), and around half were aged 50 years or older (51.8%, n=1434). The most common reason for visiting the pharmacy was to collect a prescription (42.5%, n=1159), followed by purchasing a non-medicinal product (34.4%, n=937). The third most common reason for visiting the pharmacy was to purchase a medicine (19.8%, n=540). The majority of customers reported purchasing a medicine for pain from the pharmacy counter in the past (84.8%, n=2277), approximately half had used a community pharmacy to get advice about a medicine for pain (55.4%, n=1468), and slightly fewer had used a community pharmacy for advice about a painful condition (41.9%, n=1076). Of those who had sought advice for a painful condition, most customers reported this being for a new painful condition (70.5%, n=759), with a third seeking advice for pain from a long-term problem (32.5%, n=350). Fewer customers had sought advice for long-term pain which had recently become worse (17.8%, n=191).

Discussion/Conclusion: A significant proportion of pharmacy customers participating in this survey reported purchasing a pain medicine from the pharmacy counter and/or seeking advice about a pain medicine or a painful condition. These results suggest community pharmacies play an important role in the management of pain and supporting the wider NHS. Whilst survey participation was substantial, the results may not reflect the use of community pharmacy throughout the UK. Further analysis of this survey and future work will help to inform how community pharmacies can develop their role in pain management to improve care and support other parts of the health service.

Keywords: Pain management; community pharmacy; survey

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Assessing safety of inpatient direct oral anticoagulant prescribing utilising an electronic prescribing system

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Introduction: Direct oral anticoagulants (DOACs) are favoured over oral vitamin K antagonists (VKA) due to their fixed-dose regimen and reduced thromboembolic and bleeding risk. Despite clear dose adjustments based on patient characteristics, several observational studies have demonstrated 15-20% of patients being overdosed or underdosed when compared to licensing.[1,2] Inappropriate dosing can lead to harm e.g., bleeding or thrombosis which would prolong/escalate hospital stay.
Aim: To assess clinical appropriateness of inpatient DOAC prescriptions across multiple sites of a large London based NHS Trust.
Methods: This study was conducted retrospectively over a seven month-period across 4 sites from a large London based NHS Trust from November 2021. Electronic prescribing system was used to generate daily reports that enabled a specialist haematology pharmacist to assess all adult inpatient DOAC prescriptions for appropriateness as per product licensing for indication. The report included patient characteristics (age, gender, body weight), prescribed DOAC (agent, dose, indication), serum creatinine, hospital site. Queries were escalated for review by the pharmacy or medical teams. Type of intervention (dose, agent, or no change) was recorded, and allocated a clinical severity rating using IMPACCTS.[3] This scale runs from a score of 1 indicating a good practice intervention to a score of 5 that prevents serious or major harm including death. This study was approved by the University College London (UCL) School of Pharmacy research ethics committee.
Results: A total of 1,761 inpatient DOAC prescriptions were reviewed, of which 10.1% had a clinical query requiring escalation. Results demonstrate that 77.0% (n=137) of all queries were dose-related, 33.2% overdosed and 43.8% underdosed compared to licensing, the most common agent requiring adjustment being apixaban. Renal-related queries were most frequently observed (50.6%), with 12.8% of patients on edoxaban having CrCl >110ml/min. We found that 2.3% of prescription queries raised required review and stopping antiplatelet agents co prescribed with anticoagulation. Most interventions made had a severity rating of 4 (74.2%), followed by 15.2%, and 10.7% had a score of 1 and 3, respectively. Following pharmacist recommendations, changes made were either dose (38.7 %) or agent (14.6%). Alternatively, it was not applicable due to a change in clinical status, i.e., renal function improved (1.1%) or patient re-weighed (6.2%). Changes to prescriptions did not apply to some patients as documentation of clinical reasoning were recorded (19.7%), or due to patients being discharged (13.5%).
Discussion/Conclusion: This study has demonstrated a significant number of DOAC prescriptions are inappropriate at the point of prescribing when compared to product summary of characteristics for the indications listed. The use of a centralised report to assess appropriateness of DOAC prescribing across several sites has facilitated a centralised mechanism led by a haematolgy specialist to improve safer DOAC prescribing. The most frequent interventions being made included dose amendments based on calculated creatinine clearance and amending (or adding) indications entered on the system. Further work is required to demonstrate effective change management strategies that have been implemented to further improve the safety of DOAC prescribing within the Trust.

Keywords: Direct oral anticoagulants; electronic prescribing

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Evaluation of a pilot community pharmacy-led discharge medicines service

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Introduction: The risk of miscommunication and unintended changes to medicines is a significant problem when patients transfer between care settings.[1] Medicines reconciliation is recommended at each transfer of care to reduce the risk of these errors occurring.[2] Whilst common