15TH CONGRESS OF THE EUROPEAN ASSOCIATION OF HOSPITAL PHARMACISTS

Nice, France, 24-26 March 2010

"Focus on pharmacotherapy - hospital pharmacists advancing patient care"

SECOND ANNOUNCEMENT

The European Association of Hospital Pharmacists (EAHP) is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education

The European Association of Hospital Pharmacists represents more than 22,000 hospital pharmacists in 31 European countries and is the only European federation of hospital pharmacists in Europe.

Join EAHP in celebrating its 15th Congress Anniversary!

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Preliminary Scientific Programme

Keynote 1: Clinical Trials First in Man – Concepts and Issues

Hospital pharmacists are constantly faced with new drugs, frequently from biological origin. This can happen in development stage (phase I and II trials) or for drugs coming to the market, where arguments on development are often used for marketing purposes. The purpose of this session is to give some insight on how the development of new drugs goes from concept to first studies in man. How drug candidates are selected, what we have learned in the past and what are the lessons for the future. A critical aspect to be discussed is the first in man studies, i.e., the risks for Phase I trials. Issues of drug safety and particular cases of biologicals and targeted therapies are emphasized.

Keynote 2: Seamless care, drug switch and patient safety

This is the usual way: Patients go to their family doctor or general practioneer and are set up on a medication. They then, by chance, are admitted to the hospital where this medication – perhaps – is not listed in the hospital formulary. Patients are switched to another drug. When the patient then is discharged from hospital, he/she is perhaps on a new drug or the formulary therapy has to be switched back to the ambulatory therapy.

These ambulatory-hospital care interfaces are difficult to handle, they are error prone and so they really have an impact on patient safety. Many different healthcare professions are involved: the patient is possibly concerned, responsibilities are often unclear. In some countries the clinical pharmacy staffing is poor, so there might be only a poor impact on the process by this very specialised group. Computer support could be a help, but there are only few systems in place and not all of them might have shown that they do no harm. In this key note lecture it will be shown which profession is engaged at which point of interface, which technical aids are in place and what the future will show to best handle those interfaces to ensure patient safety and best practice.

Keynote 3: Watch the EAHP web site regularly for the announcement of this thought provoking session, not to be missed!

Seminar 1: Clinical trials

Many clinical trials are performed today in hospitals and require more and more involvement of hospital pharmacists. They are needed to ensure good clinical practice according to the trial protocol. For example, they provide protocol-specific training and written instructions for the pharmacy staff explaining how to handle studied drugs: they are also involved in reviewing packaging and storage arrangements and advising patients on the correct use of the drug being studied, and many others. This seminar describes the work of hospital pharmacists in such trials, based on their practical experiences in different countries and different type of studies to help participants to take part in future studies.

Seminar 2: HIV – expectations and delivery of services by hospital pharmacists

Since the early days of the management of HIV patients, tremendous progress has been made. Life expectancy in developing countries could increase to 69 years by 2050 if the global health community sustains progress in controlling HIV/AIDS and other infectious diseases, according to a report released by the United Nations Population Division. Increasingly longer life expectancy is obviously a boon to patients and doctors, but it comes with increased risk of side effects and other difficulties associated with taking these medications for long periods of time.

This seminar will try to answer two questions: what do patients want/need from hospital pharmacists and what do pharmacists provide in the way of education in this area.

Seminar 3: Infectious diseases – antibiotic stewardship

In most hospitals the cost for antimicrobial agents are above 25% of the total drug budget. For years pharmacists are involved in getting these costs under control, trying to provide a formulary with effective and safe antimicrobial agents, however, things are difficult in this field. Resistance rates are emerging but also different from country to country and also from hospital to hospital which has to be taken into account. Furthermore, one has to recognize that a single professional approach is not a sufficient one. Antibiotic stewardship is on the way to improve the management of infectious diseases, but what about the before mentioned resistance rates? Do we know what we have to know when we are going bedside? This seminar will give information about resistance rates and how to improve antibiotic or better antiinfective stewardship with this information.

Seminar 4: Genetic information in treatment of cardiovascular disease

Endothelial dysfunctions lead to a variety of cardiovascular disorders with platelet hyperaggregability, coagulation abnormalities, hypertension or diabetes. They are important risk factors for life-threatening complications such as coronary artery diseases, atherothrombosis, heart failure and stroke, end-stage renal disease, diseases associated with serious cardiovascular and renal co-morbidity and with substantial social and economic costs.

Cardiovascular diseases (CVD) are the major causes of mortality in persons with diabetes, and many factors, including hypertension, contribute to this high prevalence of CVD. Hypertension and coagulation changes are more frequent in patients with diabetes compared with patients without the disease. Why some patients develop more and serious complications is still exactly unclear, but only susceptibility genes may be involved. It is therefore important to understand the genetic basis of these diseases.

The many investigations of genetic determinants, and particularly the search for specific susceptibility loci, are likely to be essential to the understanding of cardiovascular disease pathogenesis. Identification of specific genes regulating variation in blood pressure as well as renin-angiotensin system will allow fundamental insights into the processes pathogenesis of hypertension with coagulation disorders and will in turn help to better define epidemiological risk factors. The characterization of major genes modulating risk of endothelial dysfunction with hypertension and the consequent derivation of improved risk estimation will assist in building the foundation for long-term programs of epidemiological and clinical investigation and intervention. Progress toward these goals holds the potential for enormous public health benefits.

Seminar 5: Pharmacotherapy and internal medicine, rheumatoid arthritis

Rheumatoid Arthritis is one of the rheumatic diseases that is characterised by joint disorders, followed by infectious, metabolic, immunologic and neo-plastic processes. It is a chronic systemic disease of unknown etiology manifested primarily by several inflammatory processes starting symmetrically at the peripheral joints. Its prevalence is 1 to 2% and for women aged more than 65 up to 5%. Genetic disposition may result in an improved susceptibility for inflammation, where immunologic factors play an important role. Starting with painful joints, in early stages in serum and joint fluid antibodies can be found for the Fc fragment of IgG.

Once the disease is correctly diagnosed, treatment starts with anti-inflammatory agents, remission-inducing agents (DMARDS, disease modifying anti-rheumatic drugs) and immunosuppressive agents.

Until 1985 treatment was merely symptomatic, trying to reduce the pain merely using NSAIDs, whereas after 1985, the DMARDs such as sulphasalazine, methotrexate, leflunomide, TNF alpha-blockers like etanercept, infliximab, adalimumab, and interleukin-6- or interleukin-1-receptor-antagonists (tocilizumab, anakinra) are now used. But what are we treating and how is the clinical effect measured? X-ray imaging of the affected joints or a rating scale like the DAS are instruments in use to quantify the therapeutic effect. Nowadays the ACR 20 is in use: American College of Rheumatology criteria for a 20 percent improvement in measures of disease activity (ACR 20).

But all of these instruments are questionnaires and might not fully reflect the actual disease status of the patient. Therefore, there is a continuous search for more objective markers of the disease: biomarkers, i.e. indicators for normal or pathogenic biological processes or for pharmacological reactions following pharmacotherapy. In this seminar, the search for biomarkers for diagnoses and/or for prognoses in rheumatoid arthritis will be discussed and a strategy for therapeutic intervention in this disease will be demonstrated.

Seminar 6: Formularies

Common key criteria for drug selection comprise (bio-) chemical properties of the active ingredient (structure – activity – relationship), its molecular mechanism of action at the target site, pharmaceutical technology aspects, commercial criteria and supply fidelity, and - most important - therapeutic requirements. In case of therapeutic failure or adverse drug reactions, many criteria are not relevant any more. Instead, pharmacological skills are becoming indispensable to assess incidences and deviations from standard pharmacokinetic and pharmacodynamic situations (targets for drug action). The individual patient's genetic variation and / or diagnosed biomarkers may complete clinical information and have a determinant impact on the clinical outcome.

These domains are more and more important for the hospital pharmacist's daily work in supporting and significantly improving the therapists' ability to diagnose, risk-stratify, and manage individual patients. This seminar elucidates the impact of pharmacology on drug selection and of clinical outcomes on formulary follow-up as well as the handling of interventions and complaints in order to a continuous formulary improvement.

Seminar 7: Advances in Oncology – How far and how fast towards the cure of cancer

A first part (How Far) of the seminar will focus on key drugs approved since 2006 for breast, lung and colon cancer as well as lymphoma and multiple myeloma. Discussion will include basic pharmacology, evidence of efficacy, evidence of improvement of disease outcomes and cost/effectiveness. In the second part (How Fast) the theme will be what´s coming up with real advances in the treatment of major types of cancer (i.e., those with a really bad prognostic and big incidence in the population).

Seminar 8: Planning and running nutritional care in hospitals

Nutrition at the hospital concerns every single patient and should involve any caregivers as it is a multidisciplinary approach. In practice, nutrition support for the patient can be sometimes erratic due to the difficulty to work together around the patient. In this context, the hospital Pharmacist should/can be one the key actor. For this purpose, the hospital pharmacist must be able to choose nutrition therapy for specific conditions (elderly, cancer care...). This seminar will explore the role of the hospital pharmacist in selecting the most relevant nutrition product and clinical pharmacist to ensure the patient receives the most suitable nutrition to assist in their progress.

Seminar 9: New developments and treatments in psychiatry

Focusing on patient Mr. Dupré, one of the millions of psychiatric patients in the world, this seminar will elaborate many aspects of pharmacotherapy in psychiatry. Mr. Dupré is overweight, smokes his cigarettes and when he is upset, he takes Cannabis. He uses many different medicines for which not all the reasons for the prescriptions are clear. There are ECG and laboratory findings (TDM, clinical chemistry and genotyping). Mr. Dupré does some physical exercise and is well informed about his medicines (robot-packages, leaflets, E-Health, group sessions). The main topics introduced by colleagues will be "Adverse drug events and interactions", "How to handle Polypharmacy", "How to inform the patient and the doctor in a modern way", "Somatic problems, receptors and TDM" and last but not least "Innovations and controversies". There will be space to discuss interactively.

Seminar 10: Counterfeiting drugs – issues for hospital pharmacists

Market globalization and the spread of technology have combined to create an environment where piracy is widespread and highly sophisticated. In this environment, manufacturers and intellectual property owners face increasing threats of drug counterfeiting. This is most likely to happen in Europe as there is a tendency for counterfeiters to consider developed countries as a more profitable market. This seminar will raise the awareness of the seriousness of the counterfeit medicine situation nationally and internationally, provide information on key combative strategies, and promote vigilance on counterfeit medicines among hospital pharmacists. In particular, innovative and non invasive analytical tools that can be used by hospital pharmacists to prevent counterfeit will be described based on concrete example.

Seminar 11: Pedriatrics-handling of drugs in pedriatic patients

Many medicinal products are not currently available in formulations suitable for administration to the pediatric population. Consequently, healthcare professionals frequently resort to the preparation and administration of unlicensed formulations by manipulation of adult dosage forms. Hopefully, new legislation governing the development and authorisation of medicines for use in children aged 0 to 17 years introduced in the European Union in January 2007, will certainly improve the future of medicines for children. However, this still remains a problem for hospital pharmacists to support care for pediatric patients. This seminar will address the issue of risks factors in pediatric care and outcome. Eventually, the consequences of the recent changes in the legislation will be developed and illustrated with concrete examples

WORKSHOPS:

Workshop 1: Therapeutic Drug Monitoring - practical application

This workshop is limited to 30 people and will be repeated.

Deposit of 20 euro must be paid at the registration counter of the congress centre. Refund of the deposit will be given after your attendance to the session.

Therapeutic Drug Monitoring (TDM) is an indispensable tool in therapeutic handling and medication safety. A definition of TDM is:

Therapeutic drug monitoring is a system of quality assurance of a drug management system, aiming that the right drug is given to the right patient in the right dose in order to obtain the right effect."

TDM specially is applied for drugs with a narrow therapeutic window, or when no direct pharmacodynamic parameter can be found to titrate the dose to the desired level. Sometimes even a dose advice is required before blood levels are drawn.

TDM is supported very often by computer modelling and computer calculation. A few programs are available to do these dose calculations. But TDM is more than calculus. Besides a vision on the application of TDM a pharmacist should also possess the skills to make a well funded dose advice. This workshop will provide the knowledge about the principles of TDM, give information about the mathematical background of the calculations, like MAP Bayesian adaptive control, the role of linear regression and the exit of logarithms. The participants will learn to use a user-friendly program, MW/PHARM that is being used in many hospital pharmacies all over Europe. This program will also be available for the participants after the workshop. Antibiotics like aminoglycosides, vancomycine, anti-epileptics and immunosuppressive drugs are available within the database of the program.

Workshop 2: Clinical Pharmacy for Hospital Pharmacists: European Society of Clinical Pharmacy (ESCP) Workshop on "Therapeutic Education in Cancer Care".

This workshop is limited to 30 people and will be repeated.

Deposit of 20 euro must be paid online during registration or at the registration counter of the congress centre. Refund of the deposit will be given after your attendance to the session. Note: participants to the workshop will be accepted on a first come, first served basis.

For years oral treatments of cancer only included hormonotherapy. Several oral agents are now available; including chemotherapies with oral prodrugs of anticancer drugs formerly IV administered such as capecitabine, or tyrosine kinase inhibitors, targeting Vascular Endothelial Growth Factor (VEGF) receptors, Human Epidermal growth factor Receptor 2 (HER-2) or the Epidermal Growth Factor Receptor 1 (EGFR-1).

For those drugs, oncologists and pharmacists are faced with new issues among which the most important one is how to ensure patient compliance. Clinical Pharmacists may help improve compliance, especially with the development of Therapeutic Education programs dedicated to those patients.

Through presentations and case studies, this interactive workshop will review how to:

- Educate patients and deliver information regarding the side-effects of those drugs (prevention, management),
- Improve patient compliance and adherence to treatments, and reduce the risk for non-compliance,
- perform medications reviews to identify potential drug-drug interactions,
- work with oncologists to face those new challenges.

Workshop 3: Therapeutic innovations in the area of antimicrobials: newer antimicrobials and new indications for old antimicrobials

This workshop is limited to 30 people and will be repeated.

Deposit of 20 euro must be paid online during registration or at the registration counter of the congress centre. Refund of the deposit will be given after your attendance to the session. Note: participants to the workshop will be accepted on a first come, first served basis.

Antimicrobial resistance and the threat this brings with it have long been recognized. Inherent antimicrobial resistance existed even before antimicrobials were introduced into medicine. Despite improvements in immunization, infection control policies and medical practice amongst others, the rate of emergence of resistant strains has continued to rise, with a nearly 25% increase in resistance among Gram- positive pathogens in the United States over a ten year period. Reports indicate that more than 25% of Staph aureus infections in Europe are caused by MRSA, with most of these isolates being multi-drug resistant. The European Union has voiced its concern about this alarming increase in antibiotic resistance and has launched a surveillance programme, the European Antimicrobial Resistance Surveillance System (EARSS). A recent report summarizing trends over the past seven years (1999 to 2006), has indicated that there continues to be a loss of antimicrobial effectiveness which does not seem to have slowed down, with resistance and a reduction in antimicrobial effectiveness reported both in community and in hospital-based care.

Optimal use of antimicrobials is one of the essential elements in ensuring that the activity of newer antimicrobials, such as daptomycin and tigecycline are preserved. The problem with resistant strains has also resulted in new searches to identify new indications for older antimicrobials, such as colomycin. The hospital pharmacist is more likely to encounter use of these newer antimicrobials and should therefore be familiar with their indications and spectrum. This workshop will attempt to do this with the help of a multi-disciplinary team.

Others:

The national delegates' seminar prepared by member associations of EAHP and a French showcase are also planned, please check the EAHP web site for more news.

Nice, France, 24-26 March 2010
Focus on Pharmacotherapy – hospital pharmacists advancing patient care

Congress Venue
Nice Acropolis, 1, Esplanade Kennedy
BP 4083 - 06302 Nice, FRANCE

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POSTER AWARD

Encouragement prize for investigators.
The best abstracts/posters – with regards to aspects like originality, scientific quality and practical applicability – will be awarded with 3 prizes amounting EURO 750, EURO 500 and EURO 250. The winners will be announced at the closing ceremony on 26 March 2010. You must be present to win.

REGISTRATION

The registration fees are set follows :
Registration Fee Student 90 €
Registration Fee before 1 December 2009 € 600
Registration Fee after 1 December 2009 € 700
Registration Fee after 1 February 2010 € 800
Registration fee includes access to all sessions, the opening reception, the exhibition, lunches on Wednesday, Thursday, Friday and coffee /tea during official breaks.
Registration fee includes 19.6% VAT according to French law.

Payment Terms

1. Cheques will NOT be accepted.
2. Only payments made in Euro will be accepted.
3. As confirmation of registration, participants will receive an email with relevant information after registration has been completed.

Cancellation Policy

Cancellation of individual registration received before 1 January 2010 will be refunded (less €100 per registration, bank and administration charges). For groups a maximum of 15 % of the Registrations may be cancelled before 1 January 2010 (less €100 per registration, bank and administration charges). No refunds can be made after this date but substitution is always accepted. All cancellations or changes must be in writing to EAHP, email: registration@eahp.eu
All registrations must be processed online via the EAHP web site at www.eahp.eu

Hotel Accommodation

The housing bureau for 2010 will be:
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Email: eahp2010@matheztravel.com
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Note that all hotel accommodations will be made through the EAHP web site via a link to the housing bureau.
All payments, changes and cancellations for hotel accommodations will be handled directly by Voyages C. Mathez.

CALL FOR ABSTRACTS

The Scientific Committee welcomes the submission of original contributions from all fields of hospital pharmacy. The presenter can choose to submit either oral presetations (15 minutes) or posters. The abstracts will be reviewed by colleagues from different European countries. Accepted abstracts will be published in the official Abstract Book and will also be available for viewing via the EAHP web site following the congress. Presenters are encouraged to have available handouts of their poster when presenting at the Congress, and/or to have an e-mail address to allow attendants to ask for "electronic handouts" after the Congress. For more information on submission and abstracts, please visit the following website, www.eahp.eu

Deadline for submission: 15 October 2009.

Audio and Video presentations from the Barcelona Congress are now available via the EAHP web site www.eahp.eu. Download to listen, view and/or save your favorite presentations from the 14th Congress of the European Association of Hospital Pharmacists, Barcelona, Spain from 25-27 March 2009! You may also order a CD or DVD by emailing ec@eahp.eu

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