Milan, Italy, 21-23 March 2012
"Special patient groups - hospital pharmacists creating standards for care"

MiCo (Milano Convention Centre)
Piazzale Carlo Magno, 1 and Viale Eginardo
20149 Milano (MI) - ITALY

Scientific Committee

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CALL FOR ABSTRACTS

The scientific Committee welcomes the submission of original contributions from all fields of hospital pharmacy. Abstracts submitted must not have been previously submitted except at the congress of their own national association. All abstracts will be accepted for poster presentation only. The poster prize nominees will be requested to give an oral presentation on 21st or 22nd March during the congress. 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 2011.

CONGRESS & EXHIBITION ORGANISERS

EAHP Congress Secretariat
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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 Poster prize nominees will be requested to give an oral presentation on 21st or 22nd March. The winners will be announced at the closing ceremony on 23rd March 2012. You must be present to win.

REGISTRATION

The registration fees are set follows :
Registration Fee Student 90 €
Registration Fee before 1 December 2011 €600
Registration Fee as of 1 December 2011 €700
Registration Fee as of 1 February 2012 € 800
Registration fee includes access to all sessions, the opening reception including food & beverage, the exhibition, lunches on Wednesday, Thursday, Friday and coffee /tea during official breaks.
Registration fee includes 20% VAT according to Italian law.

Cancellation Policy

Cancellation of individual registrations received before 1 January 2012 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 2012 (less 100€ per registration, bank and administration charges). No refunds can be made after this date but substitutions are 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 2012 will be:
AIM Group - AIM DMC srl – Accommodation Division
Via Ripamonti, 129 - 20141 Milan
Tel. +39 02 566011 - Fax +39 02 56609043
e-mail: eahp2012.hotel@aimgroup.eu.
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 the AIM Group.

Audio and Video presentations from the Vienna Congress are now available via the EAHP web site www.eahp.eu. Download to listen, view and/or save your favourite presentations from the 16th Congress of the European Association of Hospital Pharmacists, Vienna, Austria from 30 March – 1 April 2011! You may also order a CD by emailing ea@eahp.eu

17th Congress of

21-23 March 2012, Milan, Italy

eahp
making the difference in medication use
european association of hospital pharmacists

2nd announcement

"Special patient groups – hospital pharmacists creating standards for care"

Registration opens 1st August 2011
Abstract submission deadline: 15th October 2011

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

an ACPE knowledge based activity

The European Association of Hospital Pharmacists represents more than 21,000 hospital pharmacists in 31 European countries and is the only European federation of hospital pharmacists in Europe.

EAHP warmly thanks our Platinum Partner, Amgen and Gold Partners, Bayer HealthCare and Pfizer

Keynote 1: Advancements in technology and medical treatments limitations

Advancement of knowledge in medical care is going at a fast pace: every day new medical technologies are studied and applied, becoming new diagnostic and treatment tools in the hands of practicing physicians. The whole process needs to take into consideration the ethics of clinical experimentation, as well as the real benefit for the individual patient and for the society of applying the new technologies. In fact, it is not uncommon that several technologies will add a very scarce marginal benefit for the patient, in exchange for an unjustified limitation in quality of life.

Medical treatment limitations, especially for the end-of-life treatments, need to be taken into account in the medical decision making process, and require a careful evaluation of benefits and harms.

The keynote will present a point of view on the balance that health care providers and society need to take into consideration between advancement in knowledge and limitation of medical treatments, and the implications for the daily activities of health care professionals, including hospital pharmacists.

Keynote 2: Better medicines for children

Children have been described as 'therapeutic orphans' indicating a lack of authorised, age-appropriate formulations of medicines to treat a variety of illnesses. Access to appropriate medicines can be particularly problematic in resource-poor countries.

Several initiatives are in place to improve the situation, with the US starting the process with legislation designed to increase our knowledge of paediatric medicines and to improve the availability of those suitably authorised. EU legislation came into force in 2007 and offers both 'carrot and stick' to encourage and require pharmaceutical manufacturers to study and authorise medicines for children at similar times to those for adults if there is the prospect of benefit to children. WHO has produced an essential medicines list for children, a priority list, model paediatric formulary and specific initiatives around HIV, tuberculosis and the development of paediatric medicines. Initiatives such as the 'GRIP' (Global Research in Paediatrics) project funded by the EU, the European Paediatric Formulations Initiative, and work on extemporaneous compounding by the Commonwealth Pharmacists Association as well as individual initiatives may contribute to 'better medicines for children'.

A variety of initiatives will be reviewed and the way in which they may improve paediatric medicines explored.

Keynote 3: Drug safety in geriatric patients

Elderly patients often receive a greater number of drugs than younger patients. Many suffer from chronic diseases such as heart failure, diabetes, arthritis and many more. On the other hand, every pharmacist is aware that organ function in elderly is often impaired. Pharmacokinetic parameters differ in elderly compared to young patients. Unfortunately, this is not taken into account in many cases. Some drugs have to be abandoned in the elderly. There are many studies showing that especially the elderly suffer from adverse drug reactions or medication errors. In 2002, the USP MEDMARX 2002 data report showed that more than 1/3rd of hospital medication errors that reached the patient involved geriatric patients. Those errors produced more harm and fatalities in the elderly patient group than in other patient groups. The clinical pharmacist as well as others in the therapeutic team of the hospital should know about safety of drugs in the elderly patient. The speaker Prof. Dr. Petra Thürmann is an expert in this field. In her studies she adopted the Beers criteria to the German drug market and gave an insight into the problems of drug use in the geriatric patient.

Seminar 1: Methodology, development of guidelines & implementation of standards

It seems almost a paradox: guidelines and standards for treatment and individualised or personal medicine. The EMA (European Medicines Agency) develops guidelines for drug development in clinical testing and herewith sets the standard for treatment. Institutions like NICE (the National Institute for Health and Clinical Excellence) develop clinical guidelines for treatment and patient safety. Experts in the field of a topic prepare a draft manuscript, which is published for consultation and comments. Once it is finished it is disseminated and implemented into clinical practice or used in clinical trials. Maybe more important is to measure the outcome, the change that has been made and the effort, made to proceed in this process. But how valuable are these standards or guidelines in daily clinical practice? Isn't every patient unique in its presentation or behaviour and not standardised to a standard ill being human specimen? A point of discussion might be represented by the following wording: "human thinking stops where standards start". Or is it the opposite, that thinking should start where standards of care are implemented to reach our goal of personalised medicine? In this seminar speakers will highlight the pros and cons of development of guidelines and standards for care.

Seminar 2: Hospital pharmacists in transplantation

Organ transplantation represents the therapy of choice for most types of end stage organ failure. The monitoring of immunosuppressant pharmacotherapy and its tailoring to the needs of individual patients are critically important aspects of post-transplant care.

Polypharmacy is frequent in the transplant patient population, and patients need to be closely monitored in order to allow medical providers to recognise and consequently manage a variety of drug-related problems. Furthermore, counselling patients on the properties and role of prescribed immunosuppressants in order to raise their awareness of potential drug side effects as well as ensuring patients' compliance with their medical regimen are additional important aspects. Transplant patients are generally cared for by a multidisciplinary health care team, including hospital pharmacists who address relevant drug-related issues. This seminar will focus on the complexity of immunosuppression and common drug-related problems, the importance of compliance and adherence, and the hospital pharmacist's role in transplant patient care.

Seminar 3: New drugs: how much are they worth?

In cancer therapy, we assisted to a gradual shift from cytotoxic drugs to more or less selective, high-cost targeted therapeutic agents. These new agents frequently achieve only marginal benefits, and this matter is under increasing scrutiny. Thus, important questions were raised regarding allocation decisions and value issues in the reimbursement of cancer drugs by insurance companies or health care systems, depending on local organization.

Moreover, based on research into the biology of human tumours, we now appreciate that cancers are very heterogeneous not only in terms of morphology, histology, and clinical outcome but also at the molecular level. Among a given type of cancer there is great genetic variation with a variety of high- and low-frequency mutations, including mutations that are responsible for driving the initiation, progression, or maintenance of the tumour. This makes suboptimal the 'one-size-fits-all' approach or a single drug regimen for patients with the same tumour type or histology, and, necessarily, will change the therapeutic approach by clinicians.

Based on these premises, and due to economic constraints of health care systems, and, at the same time, in several cases, an increased uncertainty on the cost benefit profile of new technologies at the time of marketing (e.g., poor efficacy and safety data), several countries are experimenting risk sharing mechanisms. Through these mechanisms, in case of patient negative outcome, the pharmaceutical company reimburses part of the cost of the drug to the hospital/ local trust. On the other hand, in case of clinical success, the hospital covers the overall cost.

In this scenario, questions arise at the local level on whether these mechanisms represent the best choice (e.g., are real "cost saving" mechanisms), or whether an a priori more restricted selection would constitute a better alternative for the overall system. Outcome research plays a pivotal role in answering to those questions which were left unanswered at the time of registration.

The hospital pharmacist plays a key role for the success of the overall process, since he/she is directly involved in the evaluation, dispensation and outcome monitoring of new technologies.

Seminar 4: The lean model – two practical examples

Lean Management could be defined as the ability to accomplish more with less. Lean organisations use less human effort to perform their work, less material to create their products and services, less time to develop them, and less energy and space to produce them. They're oriented toward customer demand, and develop high quality products and services in the most effective and economical manner possible. Lean is a strategy based on satisfying the customer by delivering quality products and services that are just what the customer needs.

The term/concept "Lean Management" was invented in 1988 by Dr. Womack from MIT (Massassuchetts Institute of Technology) after looking at all the performance attributes of a Toyota-style system, compared to traditional mass production. Lean Management has been successfully implemented in the industry for years and now has started to penetrate the world of health.

This seminar will describe, explain and demonstrate the benefits and challenges of using the lean management approach at the hospital level and particularly in relation to Hospital and Clinical Pharmacy.

Seminar 5: Focus on genetic screening by hospital pharmacists

Publications on pharmacogenetics have been increased during the last few years. It becomes more and more relevant to know which properties of the human body are responsible for the behaviour of the drug in the body. In drug metabolism much progress has been made to unravel the metabolic properties of many drugs. The Cytochrome P450 family has been extended enormously and many new alleles have been discovered. Unexpected pharmacokinetics and pharmacodynamics can be attributed to polymorphisms in metabolic systems of the body. Interactions based on activity of the enzymes like CYP2D6, CYP2C9, CYP2C19, UGT1A1, TPMT, HLA-B44, HLA-B*5701, CYP3A5, VKORC1, factor V Leiden, and DPYD has been elucidated and have lead to dose recommendations for the drugs that are metabolised by these enzyme systems.

There is discussion about the point if every patient should be tested for a particular genetic profile in order to get a better and safer medical treatment. What is the NNT (Number Needed to Test) to avoid toxicity for patients to be treated with anticoagulants or antidepressants? How far can we go with personalised medicine? In this seminar the role and meaning of genomics in general, proteomics and metabolomics will be discussed. The presentations will feature not only the methods but also an example of a successful implementation of genetic screening as a service offered by the hospital pharmacy and paid for by the health insurance.

Seminar 6: Specific issues for aging patients - from clinical trials to pharmacotherapy

With the growth in life expectancy and the advent of new therapeutic options, aging patients are a growing group that hospital pharmacists must understand in order to better deal with their specific needs. Recruiting strategies in clinical trials frequently exclude elderly patients who are a relevant target group for the investigated medicines. On the other hand, the use of complex and expensive treatment strategies, like bone marrow transplant in blood cancers, raises ethical and economical concerns when elderly citizens are involved - are age related cut-offs for treatments due to scientific reasons or are biased due to economic pressures? The causes and consequences of these situations must be understood, and hospital pharmacists should be able to have a science based approach to these issues, to better perform their roles in ethics and pharmacy and therapeutic committees, and also to improve their dialogue capabilities with elderly patients.

Seminar 7: Safe drugs for neonates: the ESNEE project

Excipients are chemicals added to medicines to improve their quality. Sporadic reports indicate that some may be toxic for neonates and lead to significant morbidity or death. However, there is insufficient information about the risks generated by excipient exposure because systematic surveys have not been done and studies on babies have not been ethical in the past. Recent advances allow determination of excipient levels in very small blood volumes (50 microlitre) including dry blood spot methods and estimates of excipient exposure based on only 2 – 4 samples per baby. We have set up the European Study of Neonatal Excipient Exposure to meet the needs for data. We will address the following hypotheses: 1) information about exposures across the EU will promote reduction of neonatal exposure to excipients by highlighting opportunities for product substitution and priorities for reformulation; 2) small volume blood samples can be used to generate models of systemic excipient exposure.

A platform of techniques is currently under development to assess excipient exposure including: a pan-European questionnaire and point prevalence study of neonatal excipient exposure; systematic reviews of relevant literature; dried blood spot assays for high impact excipients; a cohort study to construct population excipient kinetic models (EK, analogous to active drug pharmacokinetics or PK) for high impact excipients. We will liaise strongly with the European Paediatric Formulations Initiative.

A mixed-methods approach will provide data from multiple perspectives. The survey and systematic review is underway and planning for the clinical study is well-advanced.

This work will lead to recommendations for the European Medicines Agency and other stakeholders about assessment of excipient exposure underpin future work to relate exposures to outcomes and provide proof-of-concept for a platform that provides systematic information about excipients.

Seminar 8: Compassionate use and off label medicines

Off label prescribing and compassionate use programs are in place in each European country, under the umbrella of the EU directives. Although principles and milestones underlying to off label prescribing are common everywhere, the application of these principles may differ from setting to setting, based on local rules and procedures. Off label prescribing has different implications besides the mere evaluation of efficacy and safety, ranging from ethical to economical issues. It is important to understand the basic concepts from a clinical and regulatory point of view.

Pharmacists play a supporting role for clinicians in evaluating the rationale of off label use, supporting their decisions, and finding the most suitable way to obtain and/or compound the drug.

This seminar will address the framework of compassionate use and off label medicine use in the European Union, as well as describe the role of the hospital pharmacist in this matter.

Seminar 9: Chronic infections - the involvement of the hospital pharmacist

Patients with chronic infections are often at high risk. If we look at the chronic viral diseases like HIV or Hepatitis C we have to realise that drug treatment does not cure the patient and they have to continue taking the drugs until the end of their life. During these long-term therapies a resistance to the drug used often develops, so the patient has to switch to another drug. In several countries, those patients are taken care of by hospitals, in others the initiation of therapy will be in the hospital, but continuation of treatment will take place either in the hospital or in ambulatory care. This produces some difficulties regarding the continuity of care.

Chronic infectious diseases may also be regarded as disease with a long duration of therapy, such as in tuberculosis but also in osteomyelitis or long lasting chronic wound infections.

The hospital pharmacist should play a special role in pharmaceutical care for these patients. He should be in charge of medication reconciliation as well as of informing the caretakers in ambulatory care. Therefore, the hospital pharmacist should have a lot of expertise regarding the treatment of chronic infectious diseases.

Seminar 10: Pain management

The official definition of pain is "an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage" (International Association of Pain).

The management of pain has always been a real challenge for health care professionals. Standards have been made for the different types of pain treatment, but for every patient the therapy must be individualised. Pain in oncology patients is different from post-operative pain or rheumatic pain. The assessment of pain is still a subject for research. Visual analog scales are considered as the gold standard, but other methods like EEG measurements and functional neuroimaging are being investigated now. The ultimate goal of a good pharmacokinetic-pharmacodynamic model for pain has not yet been reached. The different treatment options also require pharmaceutical skills. Compounding problems, formulation challenges and the reconstitution of cocktails are not only subject to research, but are also part of the daily challenges for hospital pharmacists. These options will be discussed during this seminar. Also, the management in special patient groups will be subject for discussion: how to treat pain in neonates, small children or the elderly.

Seminar 11: GMP in hospital pharmacy? An interactive debate

Production and compounding in hospital pharmacies are performed by applying GMP guidelines and are controlled according to PIC/s. Some hospital pharmacies work according to the industry guidelines PE 009, some according to the institution guidelines PE 010. The requirements derived from either one of them are hardly applicable reasonably and have not proven so far that they are suitable enough to protect hospital pharmacists from all critical incidences. To overcome this problem and the very different level of quality of pharmacy preparations in the member states of the Council of Europe (CE), the CE in January 2011 adopted a resolution in form of a frame for the quality of pharmacy preparations to be implemented in the member countries.

The resources required to fulfill the quality standard laid down in the resolution are an important challenge to hospitals suffering from budget restrictions. It is therefore important that European hospital pharmacists know and are prepared to use the text of the resolution in their ongoing discussion with their national authorities.

The seminar will focus on pharmacy preparations and give points of view on how to develop the quality of these products to the benefit of the patient in a way that pharmacy preparations will be available from Hospital Pharmacies in the future. It is planned to run the seminar as a debate.

Seminar 13: Highlights of Italian Hospital Pharmacy

Going to Milan means a splendid opportunity to experience north Italian culture and way of life. The region around Milan represents the academic site where some of the first universities in Europe did started education in medicines and pharmacy, so there is a lot to learn being there. In Milan, in 1952, the Italian Society of Hospital Pharmacists (now the Italian Society of Health System Pharmacists, Società Italiana di Farmacia Ospedaliera e dei Servizi Farmaceutici Territoriali, SIFO) was established.

In the frame of the EAHP Congress, the Italian representatives in the Scientific Committee are preparing a showcase highlighting the best of today's Italian Hospital Pharmacy. Representatives from different regions and parts of the profession will present their work, experience and expectations in a way you will learn and gain inspiration from colleagues in the hosting country.

Workshop 1: Qualitative research methods in pharmacy practice: an interactive session for hospital pharmacists

Qualitative research methods have become widely accepted in health services research over the past two decades. Despite their established use in healthcare settings, some authors have expressed concern that the research is not always conducted robustly. There is considerable potential to use qualitative methods in hospital pharmacy to attempt to make sense of, or interpret, many of the issues that are important to patients and healthcare systems alike. Understanding better the meanings that people bring to these issues has the potential to inform practitioners and policy makers alike, and may help to improve current services delivered. This interactive workshop run by experienced qualitative researchers will aim to: provide case studies to help explore the process of qualitative research in pharmacy practice; encourage discussion among workshop participants on the potential to use qualitative research in their own practice and help participants put qualitative research methods into practice in a robust and credible way.

Workshop 2: Therapeutic education of patients

Therapeutic Patient Education (TPE) is the process of providing verbal or written material to the patient to improve understanding and prevent complications. TPE offers an understanding of the chronic disease process and instruction about behaviors and activities to empower the patient.

Patient education benefits the patients, health care community, insurance companies and taxpayers. Making a patient knowledgeable gives them the power to succeed and get autonomy. In contrast, not educating a patient about their care and providing direction for understanding leaves the transplanted patient at risk of having complications.

The pharmacist is invited to get involved in TPE programmes as caregiver around the patient. TPE is part of the process of Pharmaceutical Care. To perform TPE, the pharmacist must be trained and optimize his agenda to further commit into TPE program

This workshop will go through the different education steps of an education program: from educational diagnostic to evaluation.

Case studies will be proposed to attendants to better understand the main assets of such TPE program.

Workshop 3: Therapeutic Drug Monitoring in renal impairment and transplantation

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 is especially 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 founded 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 participants will learn to use a user-friendly program, MW/PHARM, that is being used in many hospital pharmacies all over Europe. This workshop will focus on renal impairment. Drugs eliminated by the renal pathway are very sensitive for a changing creatinine clearance. The MW/PHARM program can be used in case of decreased renal function and different ways of dialysis. Continuous Venous Venous Haemodialysis can be simulated and calculations for reduced doses can be made using the program. TDM of immunesuppressive drugs, administered after transplantation can be done and calculations using the AUC (ciclosporin) will be performed by the participants.