Conclusions

- It showed better clinical outcomes in the gemcitabine plus nab-paclitaxel group in PFS.
- The nab-paclitaxel can be an effective second-line chemotherapy in gemcitabine resistant patients.

No conflict of interest.

CPC-127 SEVERAL TYPES OF PROTEINURIA AND ASSOCIATED FACTORS AMONG HIV-INFECTED ADULTS IN THE HAART ERA

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Background HIV-infected individuals have an increased risk of chronic kidney disease.
Purpose To evaluate the prevalence of different types of proteinuria and associated factors in a HIV-infected population with a high percentage (92%) of Caucasian origin.
Materials and Methods Cross-sectional study of all HIV-infected adults seen at the Montpellier University Hospital HIV outpatients unit over 6 months. Demographics, treatment history, comorbidities and laboratory data were collected from an electronic database and manual review chart. Spot urine protein to creatinine (uPCR) and albumin to creatinine (uACR) ratios, estimated glomerular filtration rate using the MDRD equation (eGFR) were assessed. Three types of proteinuria were defined: tubular proteinuria (uPCR > 200 mg/g and albuminuria/proteinuria <0.5), glomerular proteinuria (uPCR > 200 mg/g and albuminuria/proteinuria > 0.5), microalbuminuria (uPCR < 200 mg/g and uACR 30–300 mg/g). Multivariate logistic regression was used to identify independent factors of proteinuria for patients with eGFR> 60 mL/min/1.73 m^2.
Results Characteristics for 1210 patients were: median age 48 years, 26% women, 7.1% black, 93% on HAART, 54% on tenofovir, median CD4 cell count 488 cell/µl, 73% with HIV viral load <20 copies/ml, 7.8% hypertensive, 3.4% diabetic, 18.2% HCV positive, 2.1% with history of kidney disease.eGFR was >90 for 59.5%, 60 to 90 for 36% and <60 for 4.5%. Of 1156 patients with eGFR> 60 mL/min/1.73 m^2, proteinuria was observed in 159 patients (13.7%) [tubular: 124 (10.7%), glomerular: 35 (3%)] and microalbuminuria for 51 patients (4.4%)]. Factors associated with tubular proteinuria were: current regimen with tenofovir (OR 2.70), diabetes (OR 2.54), HCV+ (OR 1.62), AIDS stage (OR 1.54), older age (OR 1.46/10-year increment). Diabetes (OR 5.15) and hypertension (OR 3.74) were associated with glomerular proteinuria.
Conclusions The prevalence of proteinuria or microalbuminuria was 18.1% in this predominantly white, cART (current antiretroviral therapy)-experienced cohort. Measuring uPCR and albuminuria may assist in the diagnosis of early renal disease.

Abstract CPC-127 Table 1

1210 patients			
DFG < 60	DFG > 60		
54 patients	**1156** patients		
	No Proteinuria uPCR < 200 mg/g	Proteinuria = uPCR > 200 mg/g	
	86.3% (**997**/1156)	13.7% (**159**/1156)	
	Microalbuminuria uACR 30 to 300 mg/g	Tubular proteinuria alb/prot < 0.5	Glomerular proteinuria alb/prot > 0.5
	4.4% (**51**/1156)	10.7% (**124**/1156)	3% (**35**/1156)

No conflict of interest.

CPC-128 START SMART THEN FOCUS – A SURVEY OF ANTIMICROBIAL STEWARDSHIP GUIDELINES IMPLEMENTATION IN ENGLAND

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Background Start Smart then Focus Antimicrobial Stewardship (AMS) guidance for England was launched in November 2011 on European Antimicrobial Awareness Day.
Purpose To identify the extent of guideline implementation, whether the guidelines had improved AMS, and to collect examples of good practise.
Materials and Methods A web-based survey was developed using SurveyMonkey software, piloted, and then distributed through the microbiology, infectious diseases and pharmacy networks in July 2012.
Results There were 74 responses (44%) to the Start Smart then Focus (SSTF) guidance by September. SSTF was rated excellent or good by 65% for making AMS a Trust priority; by 57% for improving their AMS infrastructure; by 51% for improving prescribing practise; by 57% for improving audit and by 31% for improved usage reporting. Only 12% to 22% thought it was poor or less than satisfactory for the same criteria.

A formal review of SSTF has been done by 41%, with 17% planning to do so. 86% had done an informal review. 52% had developed an action plan.

The main barriers to implementation were a lack of microbiology/infectious diseases time, then pharmacist time. An established AMS group, an enthusiastic pharmacist or microbiologist, or adequate time, were the main facilitators.

Putting the indication and duration or a review date on inpatient antimicrobial prescriptions were in place prior to SSTF in 67% and 73% of centres respectively. Since SSTF a further 9% have started and another 13% and 10% plan to implement these suggestions by April 2013.

Additional antimicrobial ward rounds have started or are planned since SSTF in medical wards by 20%, surgical wards by 19% and paediatrics by 10% of centres.
Conclusions The Start Smart then Focus Antimicrobial Stewardship guidance has helped to further implement AMS in England.

No conflict of interest.

CPC-129 STUDY OF A PHARMACISTS CONTRIBUTION TO MEDICINES RECONCILIATION IN CRITICALLY ILL PATIENTS

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Background Medicines reconciliation in intensive care units (ICU) is essential in preventing medicines errors. Medicines reconciliation errors have been found to occur mainly in the transition of care.
Purpose To develop and evaluate a medicines reconciliation programme in critically ill patients.
Materials and Methods Prospective study. Discrepancies between chronic treatment and treatment prescribed by the hospital physician in patients admitted to the ICU were analysed. Medicines histories were obtained from the medical history and patient interview. If discrepancies were found, the ICU physician was contacted.