SOCIETA' ITALIANA DI FARMACIA
OSPEDALIERA E DEI SERVIZI FARMACEUTICI
DELLE AZIENDE SANITARIE

propone l'accreditamento per i farmacisti italiani
del workshop internazionale

"Pharmaceutical Care Models & Therapeutic Innovations"

37th European Symposium on Clinical Pharmacy
Dubrovnik, Croatia
22 -24 October 2008

PRATICA ECM COD. EVENTO 773-8037359.

Piera Polidori
Responsabile scientifico dell'evento per l'accreditamento ECM – Italia
Responsabile Nazionale Area SIFO Rischio Clinico

welcome by the ESCP President

Dear Colleagues,
Flying back from Dubrovnik, where we made a inspection trip last February, I started to muse when carefully eating my 'paprenjak'. This tiny biscuit gets its sweet-peppery flavor from a mixture of walnuts, pepper and honey. It tells us something about the history of Croatia. Many times foreign invaders took away the honey, and left the pepper.
The theme of the upcoming ESCP conference in Dubrovnik can be symbolized by the ingredients of the 'paprenjak'. Indeed, when therapeutic innovations have to be considered in a caring environment, we have also a mixture rich in flavor. The walnuts are standing for the brains. That is what Paracelsus thought us in the 17th century according to his signatura theory: if the brain and the walnut are morphologically similar, eating the latter will benefit the former. Brains are needed to go for the discovery of new therapeutic agents, or using the existing ones on an innovative way. When our health deteriorates, we can experience difficulties to cope with an uncomfortable situation. It is like the pepper invisibly mixed with a dish we have to swallow. The honey stands for the caring. It can be the care delivered by applying clinical pharmacy.
In October forthcoming, the historical city of Dubrovnik will become the place to be for all of us. On top of the scientific program, you may enjoy the late gentle Croatian summer and the marvelous scenery of a pearl on the Adriatic Coast. Our Croatian friends and colleagues are ready to welcome us and their hospitality will add to the warmth of the ESCP family.

Gert Laekeman
President of ESCP

SCIENTIFIC PROGRAMME

October, 22

09:45 – 11:00
Plenary Session I
Balancingcostsand effectiveness.

- **The balancing act and therapeutic costs. M. Zarb Adami, Malta**
- **Clinical evidence in therapeutic innovations. M. Stuart, UK**
- **Economic evaluation of pharmacy practise. S. Simoens, Belgio**

Decisions, decisions, decisions. From the moment we are born, we have to face decisions. In the early years, these are made for us by our parents or other carers. As we grow up, we tend to make these decisions for ourselves. Decisions are involved in all aspects of our lives, from what and how much we eat or drink, to the career we intend to follow for the rest of our lives.
Some decisions, even when we are older and quite capable, cannot be made by us, but must be made on our behalf by others who have the required expertise. Choice of treatment for a particular medical condition requires specialised knowledge which is not usually available to the layman. Therefore we rely on advice from experts in the field.
It is vital for us that such experts have the required information to be able to advise us as to the best way to treat a specific situation. They must be able to decide on their advice according to the best information available to them. They will weigh the risks that a certain procedure or medication carries, and the benefits that would accrue to us from its use, compared to the risks and benefits applicable to other solutions if these are indeed available.
Decisions of themselves involve costs. These may be tangible, i.e. pecuniary, or intangible, e.g. quality of life. As new treatments come on stream they tend to be very costly financially indeed. An adviser's frame of mind, as indeed a patient's, may be unduly influenced by the cost involved by particular treatment options. Whilst due consideration must be given to this aspect, the central figure of the patient must not be compromised because of this.
Finding the right balance between the optimum treatment and its financial cost is a big problem facing every practitioner in the medical and pharmaceutical fields.

11:00 – 11:30 Coffee break

11:30 – 12:00
Rounde Table. ***Maurice Zarb-Adami*** **- M. Stuart - S. Simoens**

12:00 – 12:30
Pharmacotherapy update Neurology. ***Anthony Bayer, UK***

12:30 – 13:00 Lunch

13:30 – 15:30
Parallel Session

Workshop 1:
The role of antioxidants in thalassaemia.
Maria Skouoliakou, Greece - Kostara Christina, Greece
Thalassaemia is a complex condition that is characterised by the absence or reduction in the production of haemoglobin. While oxidant production is markedly elevated, as indicated by increased lipid peroxidation product, malondialdehyde (MDA), endogenous antioxidants are depleted in thalassaemia. The level of antioxidants such as glutathione is markedly decreased while activities of antioxidant enzymes including catalase and gluathatione peroxidase are increased. Natural or synthetic antioxidants can alleviate the oxidative stress in thalassemic patients. The workshop will review the use of dietary supplements and dietary action plans for thalassemic patients.

Workshop 2:
Point-of-care testing in out-patient pharmacies and community pharmacies

Lilian M. Azzopardi, Malta
Kirsten Buhagiar, Malta
Anthony Serracino-Inglott, Malta
Philip Schneider, USA
Francesca Wirth, Malta
The key objective of point-of-care testing is to generate a result quickly so that appropriate treatment can be implemented leading to an improved clinical or economic outcome. Some examples of improved clinical outcomes from using point-of-care testing include starting treatment earlier, improved adherence to treatment, reduced incidence of complications, quicker optimization of treatment, reduced re-admission rate and patient satisfaction. The provision of point-of-care testing in pharmacies requires the use of robust and reliable devices that present a cost-effective system which can be implemented within out-patient pharmacies or community pharmacies. The workshop will present clinical experiences of point-of-care testing in different scenarios and review factors that are required to plan and develop a good quality service.

16:00 – 18:00
Parallel Sessions:

Workshop 3:
Systematic approach to review medications in the elderly
Louise Mallet, Canada
Annemie Somers, Belgium
Persons over the age of 65 years are the fastest growing segment of the population. Drug usage in this population is important. Drug-related problems have been reported to account for at least 25% of hospital admissions. Elderly patients are at high risk of presenting with drug interactions. This workshop presents a systematic approach to reviewing medications in elderly patients.

Workshop 4:
Clinical pharmacy and quality of care in Croatia
Vesna Bacic Vrca, Croatia
Maja Ortner Hadziabdic, Croatia
Iva Jankovic, Croatia
Clinical pharmacy practice and education have started to develop over the last decade in Croatia. The workshop presents a brainstorming session on the concept of clinical pharmacy in different health-care settings. The application of practice skills in the screening for pharmaceutical care issues and prioritising and resolving medication related problems particularly in chronic disease management will be discussed.

Workshop 5:
Successful scientific writing: original research papers
Foppe van Mil, The Netherlands
Results of scientific research are only valuable for society if they can be shared with others in an understandable written or oral format. There are several possible formats for written information such as abstracts or scientific articles. The workshop focuses on scientific articles in journals with particular reference to the Pharmacy World and Science journal.

October, 23

08:45 – 09:15
Pharmacotherapy Update II: **Cardiovascular Risk Management**
John McAnaw, UK

09:15 – 10:30
Plenary Session II: **Translating Evidence into Practice**
- **The diffusion of innovations: which technology to choose. *Philip Schneider, USA***
- **Translating clinical trials into clinical practice. *Marcel Bouvy, NL***

- New Pharmaceutical Care Models: how to change clinical practice? *Marie-Paule Schneider, Switzerland*
Although some innovations are taken up very quickly, diffusion of innovations can often be a slow progress.
The first lecture will refer to general concepts and models on the diffusion of innovations and the determinants of adopting new ideas or adopting change and will give some specific examples concerning health care and with regard to drug therapy.
The second lecture will be more specific on translating the evidence from clinical trials to clinical practice eg the external validity of clinical trials, how to deal with benefit-risks assessments in daily clinical practice, choosing the right patients for a treatment and the difficulties to adhere to clinical guidelines in patients with multiple morbidities. The gap between what is known to be effective and what is implemented in daily clinical practice also consists in pharmaceutical care. Potentially good models of pharmaceutical care often do not disseminate or disseminate very slowly.
The last speaker will give examples of successful models of care and identify barriers and success factors for implementing and disseminating innovative pharmaceutical care models

10:30 – 11:00 Coffee Break

11:00 – 11:30
Round Table Discussion *Philip Schneider, USA; Marcel Bouvy, The Netherlands; John McAnaw, UK; Marie-Paule Schneider, Switzerland*

11:30 –12:30
Pharmacotherapy Update III: HIV. *Kathryn Brown, UK*

12:30 – 13:30 Lunch

13:30 – 15:30
Parallel Sessions

Cases And Services Profiles II: HIV. *Kathryn Brown, UK*

Workshop 6: Therapeutic innovations in critically ill children *Sara Arenas-Lopez, UK; Sue Jarvis, UK*
Children are not ‘small adults’. Many drugs used in children are designed for adult indications only. Initiatives at the European and WHO level to resolve the lack of medicines available for the treatment of conditions in children have started only very recently in January 2007 with the new European Regulation and the WHO Essential Drug List for Children. Information to families about the use of novel therapies in critically ill children may be very complex. The workshop identifies issues concerning the use of novel drugs in paediatric and paediatric critical care settings and presents a discussion on different approaches to ensure medicines are used in a safe, cost-effective and ethical manner.

Workshop 7: Clinical pharmcists and the management of adverse drug reaction *Yolande Hanssens, Qatar; Sophie Sarre, B;*
An adverse drug reaction (ADR) is defined by the World Health Organisation (WHO) as ‘a response to a medicinal product which is noxious and unintended and which occurs at doses normally used in man for the prophylaxis, diagnosis or therapy of disease or for the restoratation, correction or modification of physiological function’. This workshop will provide the attendees with the necessary insight in ADRs and provide them with the tools required to ensure safe medicine usage.

15:30 – 16:00 Coffee Break

16:00 – 18:00
Parallel Sessions
Workshop 8:

Risks and safety of drugs ***Margarida Caramona, Portugal; Nikica Mirosevic, Croatia***
When innovative drugs are approved by regulatory agencies, data that is available on the product's safety is based on the responses of a few thousand individuals who participated in the clinical trials. When the drug is made available on the market, the real risk and safety profile emerges. The aims of the workshop are to present fundamentals behind product safety and risk management and to discuss the development of an effective risk management programme.

Workshop 9:
Improving clinical effectiveness of lifestyle modifications in chronic diseases: focus on diabetes and hypertension ***Barbara Andria, Italy; John McAnaw, UK; Piera Polidori, Italy; Daniela Scala, Italy; Maria Grazia Sidoti, Italy***
Although therapeutic strategies are extremely effective in acute situations, they are insufficient for patients with chronic diseases. Many chronic diseases originate from lifestyle risks such as lack of physical activity, unbalanced diet, mental stress or low quality of sleep. Lifestyle modifications are important adjunctive issues to be considered in the management of chronic diseases such as diabetes and hypertension. The intervention of the pharmacists to educate patients to better manage their treatment and achieve optimal lifestyle modifications will be discussed.

Workshop 10:
Study design in quantitative methods *Marcel Bouvy, NL*

October, 24

09:15 – 10:30
- **Skills required to prepare for the changing risks in medicine safety** *Steve Hudson, UK*
- **Professional implications of the shift to non-prescription medicines** *Marcel Bouvy, NL*
- **Systems of pharmaceutical care to address patient safety** *Edith Dufay, France*

Medicines use is presenting greater risks to patient safety. Accessibility to medicines over-the-counter increases patients' freedom to make choices due to the aspiration for greater autonomy and personal responsibility. The risks are increased by expanded overall volume of medication use and ever-increasing medicines sophistication due to complexity/novelty/diversity of drug action.
Medicines risk management requires quality assurance processes to be inserted into the 'art' of clinical practice. The pharmacist's approach includes handling patient data and drug data. Specific clinical cues (signs, symptoms, laboratory markers) steer the inquiry strategy and the pharmacist generates theories about whether the patient suffers from, or is at risk of, a drug therapy problem (DTP). The pharmaceutical care plan documents that inquiry process (the checks) and the associated actions (the changes) and so adds structure to the quality assurance system. Pharmaceutical care issues are the listed checks and changes in the care plan and they record the focus of the pharmacist's attention, which is on the prevention of DTPs. This advances the pharmacist's role from a traditional one based on quality control to an active process of quality assurance of drug therapy.
The professional implications of the shift to non-prescription medicines will be examined and will complete the picture of a quality assurance role at doctor prescribing, pharmacist prescribing and over-the-counter prescribing levels. Pharmacists require an education which prepares them as competent to work with physicians and patients in order to perform effective clinical monitoring and to secure improvements in patient safety.

10:30 – 11:00 Coffee break

11:00 – 11:30
Round Table. S. Houdson – H. Cranza / M. Bouvy – E. Dufay

11:30 –12:30
Pharmacotherapy Update III: Patient safety, compliance and mental health disorders. ***Gazala Akram, UK***

12:30 – 13:00 Lunch

13:30 – 15:30

Parallel Sessions:
Workshop 11: Avoiding medication errors in the use of analgesics
Edith Dufay, France; Arijana Mestovic, Croatia
A number of analgesics are used by patients as non-prescription medicines within a self-care programme. This may lead to incorrect use of the medications due to potential drug interactions or to co-morbidities. The workshop aims to identify a system to obtain information from patients who are using analgesics and to identify skills and interventions necessary to avoid medication errors in the use of analgesics.

Workshop 12: Innovative drugs: how to evaluate the value-added of a new technology *Francesca Venturini, Italy*
Chiara Alberti, Italy
Silvia Adami, Italy
New technologies are made available in clinical practice on a daily basis. Due to budget constraints and limited evidence of effectiveness, not all technologies reach patients to the same degree. In this context, it is essential to adopt a well-defined process to evaluate new technologies. The workshop aims to present models of evaluating new technologies and to provide instruments required for the application of these models to different practice scenarios.

15:30 – 16:00 Exit Learning Exam

Information about the accreditation for Italian Delegates

Italian Provider per ECM
SIFO – Società Italiana di Farmacia Ospedaliera e dei Servizi Farmceutici delle Aziende Sanitarie
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SIFO ha voluto proporre al Ministero della Salute, l'accreditamento del Worshop ESCP per i farmacisti italiani che intendono parteciparvi, inoltrando regolare richiesta alla Commissione Nazionale per la Formazione Continua, per la professione di **FARMACISTA.** L'evento è stato inserito nella banca dati ministeriale con il codice **773-8037359.**
E' stata prevista la partecipazione di n. **45** farmacisti, di provenienza nazionale.

Ricordiamo che per avere diritto ai crediti formativi ECM è obbligatorio:
- frequentare il 100% delle ore di formazione riportate nel percorso formativo per cui è stato richiesto l'accreditamento
- compilare il questionario di valutazione dell'evento
- compilare il questionario di apprendimento

Al termine dell'attività formativa verrà rilasciato l'attestato di partecipazione, mentre il certificato riportante i crediti ECM sarà inviato dopo le dovute verifiche direttamente al domicilio del partecipante.

Precisiamo che SIFO non richiede nessuna quota di iscrizione e non ha nessun tipo di entrata economica.
Le quote di iscrizioni riportate nel programma ESCP sono da essa gestite e non hanno nulla a che vedere con l'accreditamento italiano.