

possible facilitators that may require further investigation.

Discussion. The identified barriers and facilitators describe a framework of practice which could benefit from the design of a pharmacy intervention in medication management for residents in ACFs. Whilst further research is needed for an effective design, the pharmacy intervention should focus on promoting communication and education in a cost-effective manner that optimises the care of residents in ACFs.

THE EFFECTIVENESS OF COMPONENTS OF SWALLOWING ASSESSMENTS FOR IDENTIFYING PEOPLE WITH SWALLOWING DIFFICULTIES: A SYSTEMATIC REVIEW FOR QUANTITATIVE EVIDENCE

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Introduction. Clinical bedside assessments (CBA) are often used first-line for diagnosing swallowing difficulties. CBAs are a variety of tools e.g. questionnaires, checklists, swallow tasks, and portable devices with each containing a series of components that help assess an individual's ability to swallow. However, the effectiveness of the components in these tools have not been synthesised systematically in the literature.

Aims. To conduct a systematic review to identify and evaluate the effectiveness of components of CBAs in screening and identifying people who are experiencing or are at risk of developing swallowing difficulties.

Methods. A systematic search for CBAs for swallowing difficulties was conducted in PubMed, Embase, CINAHL, PsycINFO and Scopus. Studies in English that used CBAs as the index test, and gold standards as the reference test e.g. videofluoroscopy or fiberoptic endoscopy were considered for inclusion. Publications that evaluated CBAs that were written in languages other than English were excluded from this analysis.

Results. The initial search of the databases returned 16,685 articles. A total of 13,036 articles were excluded after a screen of titles and abstracts, and 100 papers remained after the full-text was examined. Preliminary results showed that screening components such as bolus swallowing tests, measurement of oxygen saturation, acoustical analysis, and voluntary cough tests presented with high sensitivity and specificity in predicting swallowing difficulties.

Discussion. These findings suggest that the identified screening components seem important in identifying swallowing difficulties and the associated complications e.g. aspiration. Detection of aspiration remains as the main aim for the majority of tools, but its identification in CBAs is still complex. Future research could focus on exploring new approaches that utilise these identified screening components to easily and more accurately identify people who are experiencing or are at risk of having difficulty with swallowing.

EFFICACY OF STATINS IN OBESE ASTHMATICS

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Introduction: Obese asthmatics are resistant to asthma controller drugs as proinflammatory environment blunts the efficacy of treatment. Statins, the lipid lowering agents, have anti-inflammatory effects and can be used in obese asthmatics.

Aims. The aim of this study was to evaluate the effect of statins on obese asthmatics.

Methods. It was a retrospective cohort study on patients with asthma. The patients who received statins in addition to antiasthma medications for at least one year was the exposed group and those who did not receive statins was the unexposed group. The clinical characteristics including peak expiratory flow rate (PEFR), absolute eosinophil count (AEC), absolute neutrophil count (ANC), total leucocyte count (TLC) and frequency of acute exacerbations were recorded at baseline (time of statin initiation) and at 6 months and one year post statin initiation. Repeated measures ANOVA was used to find the difference between two groups at different time points.

Results. A total of 330 patients were included and of these 42 were obese. Eighteen of the obese patients were on statins and 24 were not on statins, and were analysed. PEFR, AEC, ANC, TLC showed a significant increase ($P < 0.001$) at 1-year post statin treatment in exposed group. Also acute exacerbations reduced significantly ($p < 0.001$) in exposed group at one year as compared to unexposed group.

Discussion. Statins as an add-on therapy can be beneficial in obese asthmatics. Long term use shows beneficial effects in terms of decreasing the inflammatory markers and improving lung functions.

A COMPARATIVE ANALYSIS OF CANCER DRUGS PRICING

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Introduction. Cancer drugs are a substantial burden on healthcare systems because of their high acquisition cost.

Aims. This study aims to compare and analyse the cancer drug retail prices across countries in the South-East Asian, Western Pacific and Eastern Mediterranean regions.

Methods. The price data of the ten included countries in Asia was retrieved from official pricing authorities or the respective Ministry of Health websites. Drug retail prices across countries in the South-East Asian, Western Pacific and Eastern Mediterranean Regions were used in this study. Price data was presented in national currencies and converted to United States Dollar (\$) using PPP (purchasing power parity). A total of 26 formulations were included in this study.

Results. The final number of the included formulations was 26. Using PPP-adjusted mean unit prices, six formulations (23.08% of the samples) had a mean unit price below \$100.00, and nine formulations had a mean unit price between \$100.00 and \$500.00. Eight formulations had a mean unit price higher than \$1000.00, of which the mean unit price of one formulation (canazixtel) was more than \$5000.00 (\$11832.93/tab).

Discussion. There was a direct relationship between income category of the countries and their mean unit price; lower income countries had lower mean unit prices. The average PPP-adjusted unit prices for countries based on their income level were as follows: low income countries \$708.75, low middle income countries \$919.39, high middle income countries \$1150.63, and high income countries \$1148.19. These discrepancies indicate that greater price transparency can help procurement officials to make better choices. This information provides an evidence base for policymakers to decide whether further policy measures related to drug prices are needed. Vogler S *et al.* (2016) *Lancet Oncol* 17: 39–47.

A CHANGE REACTION? PATIENT SAFETY RISKS OF A HYBRID SYSTEM FOR ALLERGY DOCUMENTATION

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Introduction. Correct documentation of known allergies or adverse drug reactions (ADR) should be available at the point of care. The introduction of electronic medical records (eMR) has commenced in the health service, but medication documentation will not be paperless until 2018.

Aims. To investigate discrepancies in the documentation of known medication allergies and ADRs between the National Inpatient Medication Chart (NIMC), medication management plan (MMP) and eMR.

Methods. A cross-sectional analysis of inpatients from a total of 16 wards at a tertiary referral hospital was undertaken. Data collected included completeness of NIMC allergy/ADR documentation including signing, dating and printing name, and the use of ADR stickers. Additionally, documentation of allergies/ADR including drug name, severity, type and time of reaction between NIMC and eMR was captured. Data was analysed using descriptive statistics (Microsoft Excel).

Results. From 236 patients, 121 (51.3%) were found to have at least one known allergy/ADR on NIMC and 129 (54.7%) on eMR. Allergies/ADRs were documented on 99.6% of NIMCs, 89.0% of eMRs and 96.8% of MMPs. The allergy/ADR documentation on NIMC was fully signed, name printed and dated in 91.9% of patients. Full compliance with ADR alert sticker on NIMC was 9.1%. On average, reaction severity and time of reaction was documented for more patients on eMR than the NIMC (30.7% vs 8.2%) whilst drug reaction and type of reaction was documented for more patients on the NIMC than eMR (39.9% vs 35.5%). A total of 118 discrepancies between NIMC and eMR documentation were identified. These discrepancies were characterised as a difference in NKDA status, number of allergies and completeness of documentation.

Discussion. The discovery of a large number of discrepancies between paper and electronic records suggests a potential patient safety issue. Further analysis of discrepancies is required to develop processes to improve consistency of documentation.

EXPRESSING EMOTIONS RELATED TO CHRONIC DISEASE STATES IN OPEN FACEBOOK GROUPS

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Introduction: The use of Facebook for health purposes is escalating and many people are utilizing this social media platform to express their emotions related to their diseases.

Aims: This study explored how disease-specific Facebook (FB) group members expressed emotions in relation to their chronic diseases on open FB group pages.

Methods: A total of 83 open Facebook groups were identified using the keywords “chronic disease states + Australia”; and 9 groups which met the inclusion criteria (patient support FB groups which had published a latest post in January 2015) were selected and their contents over a 2 week period, analysed.

Results: The selected FB groups covered 5 chronic disease states; type 1 diabetes (n=2), cancer (n=3), chronic pain (n=1), asthma/COPD (n=1), and mental disorders (n=2). From 238 threads of posts, 118 quotes showing emotions were identified. Quotes containing positive emotions (n=69) outnumbered the negative ones (n=49). Group members expressed positive emotions in connection with encouragement and optimism in managing the chronic diseases. Conversely, the negative emotions were found to reveal anger, sadness, and hopelessness in the chronic disease battle. The group members expressed feelings mostly in relation to their current disease states, long-term therapies, and changed diet and lifestyle.

Discussion: Positive and negative emotions were spontaneously expressed by the members of the FB groups. They were probably associated with the emotional status of group members and their needs, as impacted by their experience with a chronic disease. Understanding subjective factors, such as emotions, of people with chronic diseases (and their caregivers) expressed on FB groups can assist healthcare providers to better understand patients' needs. These factors may positively impact service delivery, counselling, educational materials, and strategies to support chronic disease management.

MEDICATIONS AFFECTING ALERTNESS: BELIEFS AND PERCEPTIONS OF CONSUMERS

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Introduction: Consumption of alertness impairing medications can have serious consequences while performing activities demanding psychomotor vigilance. A better understanding of how patients perceive the risks of using medications that affect their alertness would help to design communication tools for patients to ensure the safe use of such medications.

Aims: This study aimed to explore beliefs about medications and the risk perceptions of consumers using medications that cause impaired

alertness.

Methods: This study involved a point of purchase survey of patients using medications that affect alertness. Participants were recruited from randomly selected pharmacies in New South Wales (NSW). Survey items included questions about patients' perceptions of the riskiness of key daily activities such as driving after consuming alertness impairing medications as well as their beliefs about the medications. Data obtained from the patients were entered into the SPSS package and descriptively explored.

Results: Ninety-six patients taking alertness impairing medications were recruited. The mean age of the participants was 44.5 years and 51.6% were female. While nearly 22% of the respondents expressed concern (strongly agreed) about long-term consequences of their medications, 10.6% were worried about becoming dependent on the medications. About 11.8% and 29.2% of the participants perceived that driving a motor vehicle and handling machinery respectively within 3–4 hours of taking their medications are not risky at all.

Discussion: There was concern among patients about the side effects of their medications. However, risk perception about driving a car or operating machinery shortly after taking alertness impaired medications was low for some patients. Given the serious consequences of undertaking activities that need motor coordination whilst on these types of medications, development of a risk communication tool can be beneficial for identifying patients with low-risk perception as well as facilitating effective communication to improve risk perception.

A STUDY OF MODIFICATION TO FIRST-LINE ANTIRETROVIRAL THERAPY IN TREATMENT NAIVE, HIV POSITIVE PATIENTS IN A TERTIARY CARE HOSPITAL

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Introduction. The durability of first line antiretroviral therapy (ART) is important in developing countries as the number of regimens available is limited.

Aims. To study the time to first modification, type and predictors of modification of first line antiretroviral therapy following its initiation in HIV positive patients in a private tertiary care hospital in south India.

Methods. A retrospective study of the case files of adult HIV positive patients started on first line antiretroviral therapy between January 2012 and September 2014 was conducted. Statistical methods included Chi-square test and binomial logistic regression for identification of predictors for change in regimen.

Results. Of the 202 patients initiated on first line ART, 54 (26.7%) had modification of therapy which ranged from drug substitution to switch in regimen. The reasons were adverse drug reactions 43 (79.6%), treatment failure 5 (9.3%), comorbidities 3 (5.6%) and physician decision 3 (5.6%) to improve compliance with single tablet of tenofovir based regimens. The median time to modification was 173 (152.25, 293.50) days. Adverse drug reactions and non-tenofovir based regimens were significantly associated with change in regimen ($X^2 = 47$, $p < 0.001$ and $X^2 = 12$, $p = 0.001$), respectively. Age, gender, baseline hemoglobin, weight and CD4 values were not significantly associated with change in ART.

Discussion. Factors that can influence the duration of initial antiretroviral regimen should be identified so as to attempt to modify these factors with a view to achieve better durability of first line therapy.

Abah IO et al (2015) J Int Assoc Provid AIDS Care 14(4):348–354

MEDICATION INFORMATION NEEDS ON DISCHARGE IN A REHABILITATION WARD: A PATIENT'S PERSPECTIVE

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Introduction. Avoidable medication-related costs to Australia's health care system can be reduced by effective communication between health professionals and patients. A step in the medications management cycle involves understanding patients' and careers' medication information