DI-086

Influence of the recommendations of the EUROPEAN MEDICINES AGENCY regarding the modification of the prescription pattern of METOCLOPRAMIDE

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BACKGROUND:

In July/2013, the European Medicines Agency (EMA) recommended changes to the use of metoclopramide, to minimize the known risks of potentially serious neurological side-effects.

PURPOSE:

Evaluate the influence of these recommendations on the prescription pattern of metoclopramide in a tertiary care hospital.

EUROPEAN MEDICINES AGENCY
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Information to healthcare professionals

- Metoclopramide should only be prescribed for **short.-term use** (up to five days).
- **Indications in adults:**
  - prevention of postoperative nausea and vomiting (PONV)
  - radiotherapy-induced nausea and vomiting
  - delayed (but not acute) chemotherapy-induced nausea and vomiting
  - symptomatic treatment of nausea and vomiting including that associated with acute migraine
- In **children**, metoclopramide should only be used as a second-line option. Use is contra-indicated in children under one year of age.
- **Maximum dose** in 24 hours is 0.5 mg per kg body weight; in adults, the usual dose of conventional formulations (all routes) is 10 mg up to three times daily.
- Patients who are **currently** taking regular metoclopramide should have their treatment reviewed at a routine (non-urgent) medical appointment.

MATERIALS AND METHODS:

1) Pharmacy Department communicated EMA´s recommendations to physicians through an **internal-messaging system.**

2) Pharmacists revised **new prescriptions** with metoclopramide in the **electronic prescription database,** making recommendations, if required, according to the EMA´s advices.

Observational retrospective study of all prescriptions of metoclopramide during the same **week** before 

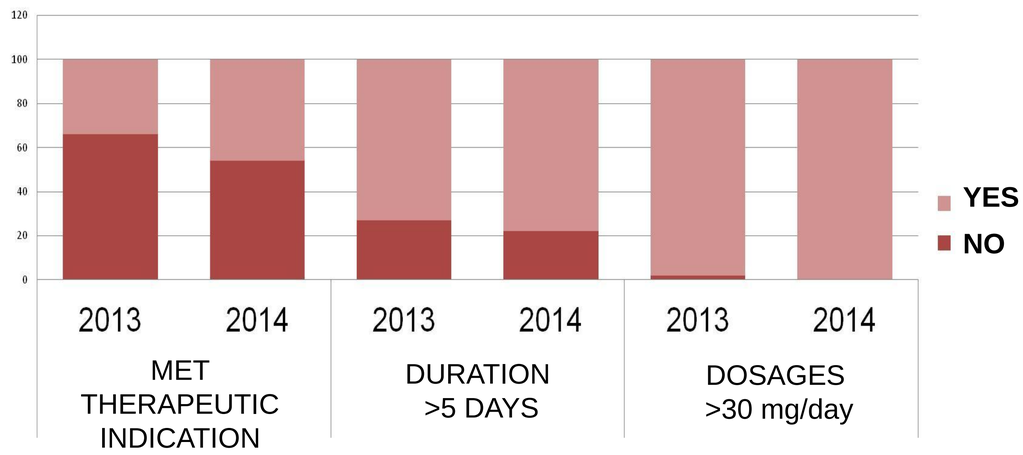
and after 

the EMA´s press release.

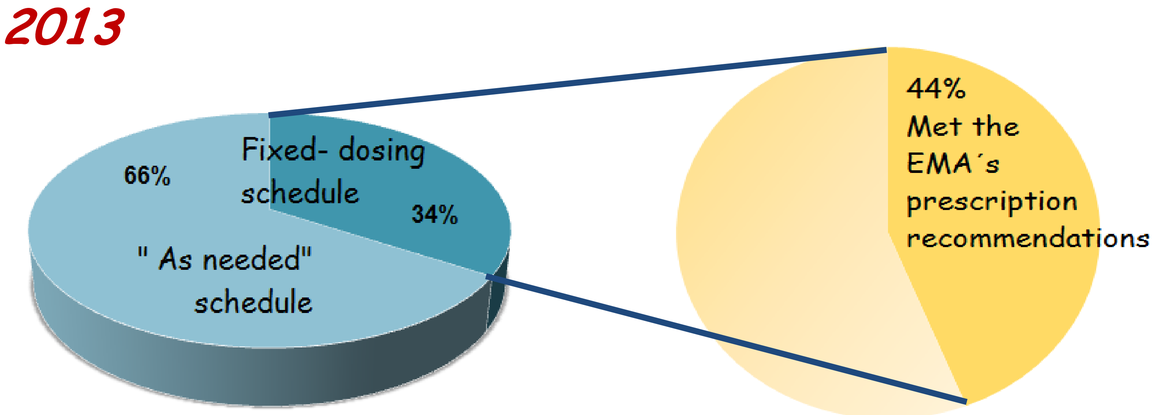
From the **electronic prescription database**, patient´s data (age, sex and reason for admission) and, posology and duration of treatment with metoclopramide, were recorded and compared with the EMA´s recommendations. Emergency Service and Pediatrics were not evaluated.

RESULTS:

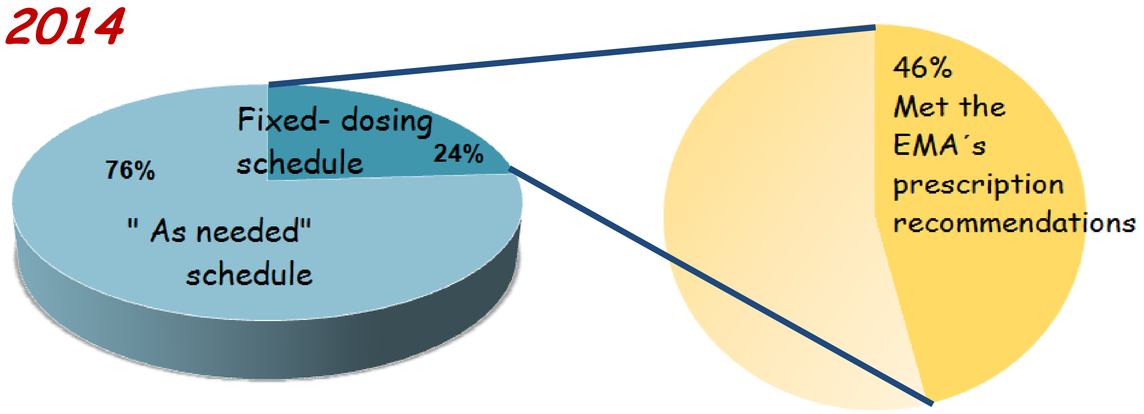
	PATIENTS with metoclopramide	Reason for admision
2013	$\bar{x}$ n=213 (51,1% ♂) = 59,6 years [17-99]	Surgery 73%
2014	$\bar{x}$ n=225 (44,8% ♂) = 60,7 years [22-93]	Surgery 74%



2013



2014



**No statistically significant difference (p=0,782, CI=95%), in 2013 and 2014 respectively.*

CONCLUSIONS:

✓ **In this hospital, the prescription pattern of metoclopramide has not changed significantly after the EMA´s press release.**

✓ **More measures need to be established so as achieve major compliance.**