

COLCHICINE : HOSPITAL-WIDE EVALUATION AND BENEFITS OF A VIDEO COURSE

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INTRODUCTION

The 2024 update of "Never Events" by french drug regulator "Agence nationale de sécurité du médicament et des produits de santé" (ANSM) puts **COLCHICINE** on the front stage. Informing health professionals on its good use is a priority. **Video courses** are an efficient mean to do so, as we already assessed with a previous video on intravenous potassium chloride.

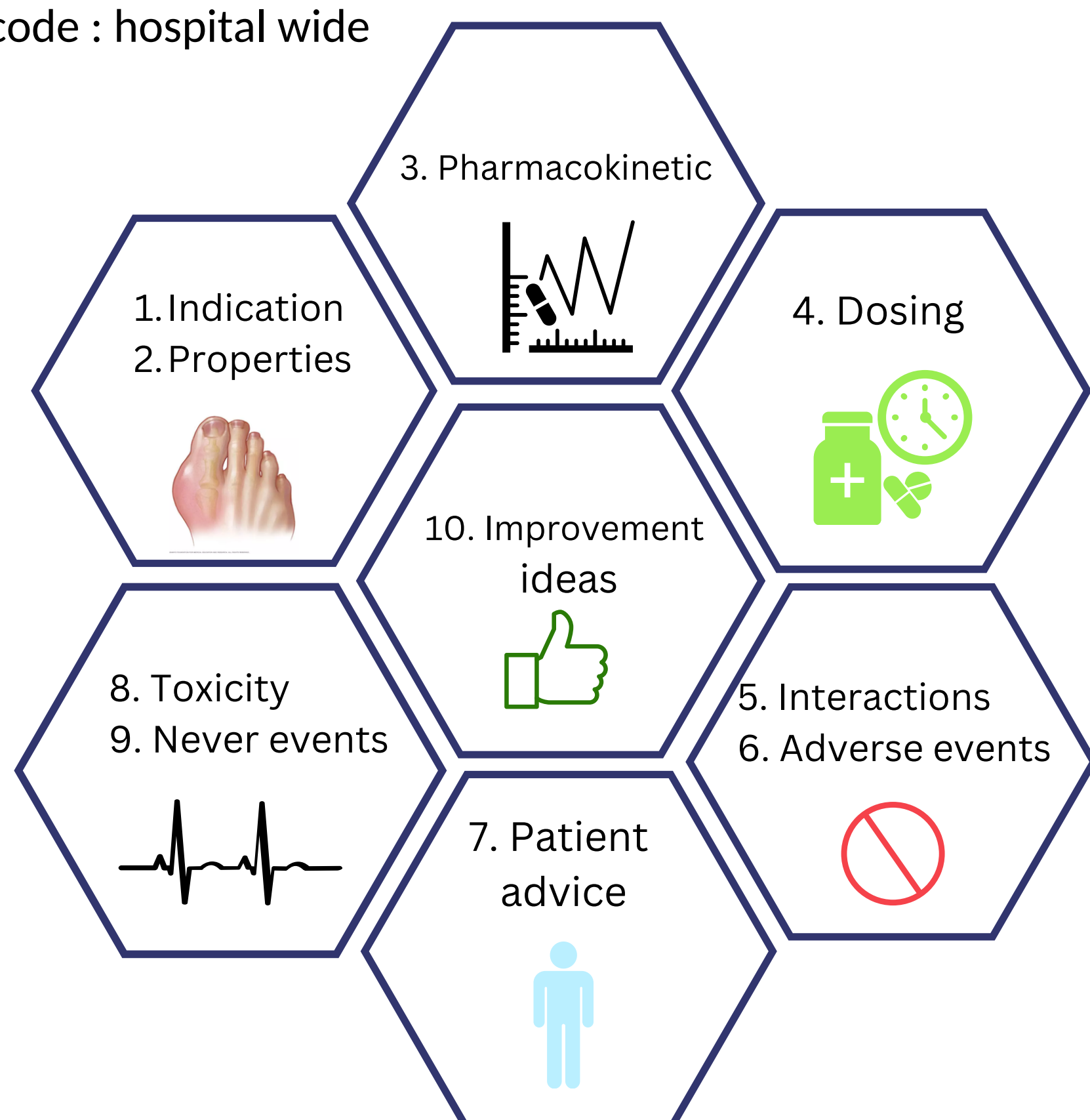
AIM AND OBJECTIVES

Through an **educational video and a survey**, we aimed to inform health professionals on the good use of colchicine **to prevent mistakes in prescription**. We also aimed to improve efficiency in the making of the video and **to find new ways to evaluate the impact** of the video course.

MATERIAL AND METHODS

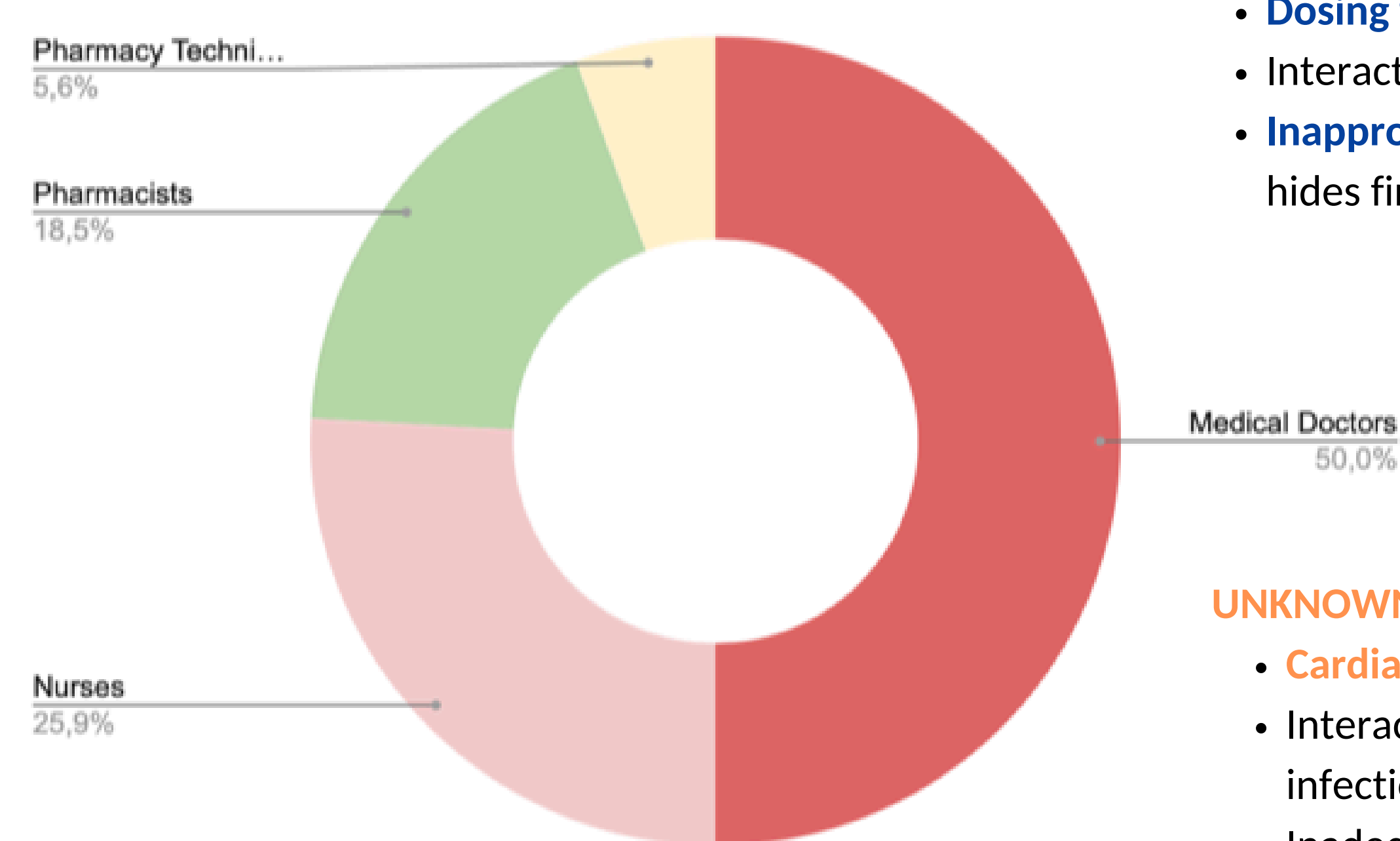
1 Survey to evaluate knowledge on colchicine

- On line + paper + QR code : hospital wide
- 10 items
- Duration : 5 minutes



RESULTS

- 54 forms collected



BEST KNOWN

- **Dosing for the elderly (0,5 mg initially)** : 74%
- Interactions with **antibiotics** (macrolids) : 85%
- **Inappropriate drug [colchicine and opium]** which hides first overdosing signs : 88%

UNKNOWN

- **Cardiac toxicity** : 70%
- Interactions with **cholesterol regulating** and anti-infectious drugs (statins, imidazoles) : 53%
- Inadequate use of colchicine in **gout prevention** : 31%

Most rated improvement idea (63%): **production of 0.5mg pills, fit for the elderly and for patients with renal failure**

2 Making of the video

- **4 minutes 30 seconds** (with english subtitles) using the website "Canva"
- 1 pharmacist and 1 resident worked on it
- Shared on **December 25, 2024** : hospital's document system + QR code
- Feedback : email or orally

- Screenplay writing : **6 hours**
- Video editing : **30 hours** (previous video on intravenous potassium chloride : 60 to 80 hours)

3 Prescription analysis

- Two sets of prescriptions were analysed
- First set : **November 2024** / Second set : **january 2025**
- All clinical departments included
- A resident and two pharmacists went through the data

BEFORE VIDEO

- 22 prescriptions analysed
- 13 patients at risk (9 patients over 75, 11 kidney failure, 4 liver failure)

AFTER VIDEO

- 22 prescriptions analysed
- 17 patients at risk (9 patients over 75, 4 kidney failure, 4 liver failure)

12 prescriptions not conform (55%)
5 Interactions (4 statins, 1 domperidone)
5 prescriptions : more than 5 days
1 prescription for a patient with end-stage renal disease
1 prescription of the drug [colchicin + opium]

12 prescriptions not conform (55%)
5 Interactions (4 statins, 1 daptomycin)
6 prescriptions : more than 5 days
1 prescription with one take per day instead of every 48 hours (patient with renal disease)
2 prescriptions of the drug [colchicin + opium]

- 4 To help avoid mistakes : **2 prescribing protocols** were added in the hospital's prescription software + the **drug [colchicin + opium] was withdrawn** from the list of drugs available in the hospital

CONCLUSION

The video making was enhanced, and the **direct feedback by medics was positive**. Nevertheless, prescription analysis did not demonstrate a benefit of the video. Another larger set of prescriptions will be analysed further in time to confirm or disprove the results. It highlights the **major issue of efficient communication to share the video** among health professionals. The video still helped to raise awareness on the danger of colchicin prescriptions among medics and pharmacists, and inspired the making of new prescribing protocols to further reduce dosing mistakes.