Medicines and Medical Devices in the form of electronic report. Whole population of the country was covered by the study. The data about the OUA were expressed as the number of defined daily doses (DDDs) per 1000 inhabitants per day (DTID). The incidence of suicide (number of suicides/100000 inhabitants) was calculated on the basis of the official data on the number of suicides per year and total population during investigated periods.

Results: OUA in Montenegro has increased during the fifteen-year period, although it was still significantly less than in developed countries. In 2000, the most frequently used antidepressant was maprotilin (0.57DTID), which accounted for 70% of all used antidepressants. Sertraline and fluoxetine were used relatively equally (0.08 and 0.07DTID), while other antidepressants participated to the extent of 12%. In 2015, SSRIs were the most frequently used antidepressants. Unlike the multiplied utilization of antidepressants, Montenegro is still among the European countries with the highest prevalence of suicide.

Conclusions: Although increased several times in 2000-2015, the OUA in Montenegro is still significantly less than in developed countries. High incidence of suicide concerns and requires more detailed elaboration and intervention at different levels.

P2.7

THE NEED FOR MEDICAL INFORMATION IN RELATION TO DIABETES SELF-MANAGEMENT AMONG EMIRATI WOMEN IN UNITED ARAB EMIRATES

W. Abuelmagd[1]; **B. Afandi**[2]; **S. Khimidi**[2]; **H. Håkonsen**[1]; and **E. Toverud**[1]

[1]*University of Oslo, Oslo, Norway; and* [2]*Tawam Hospital, Al-Ain, United Arab Emirates*

Background: United Arab Emirates is globally one of the countries with remarkably high type 2 diabetes mellitus (T2DM) prevalence, especially among native women. The aim of the study was to assess diabetes self-management and need for medical information among Emirati women.

Material and Methods: One hundred diabetic Emirati women (mean age: 56 years) consulted at Tawam hospital's outpatient diabetic clinic in Abu Dhabi were personally interviewed using a structured questionnaire between May and November 2015. Informed consent was obtained before each interview.

Results: Almost one third of the participants rated their health as poor or very poor. Physical inactivity and poor dietary habits were highly reported by the participants. The participants' BMI, HbA$_{1c}$, blood pressure, LDL,TGL, and HDL mean values were 33.6, 7.9, 131/73 mm Hg, 2.5 mmol/L, 1.3 mmol/L, and 1.2 mmol/L, respectively. Sixty percent used oral antidiabetic agents, 27% used both oral and injectable antidiabetic agents, 10% used only injectable antidiabetic agents, while 3% were on lifestyle intervention. Macrovascular complications were widely spread among the participants. Illiteracy rate was 48%. Almost 90% admitted drug non-adherence in Ramadan, of which one-fourth didn't inform their doctor about it. One-third said they needed help to measure their blood sugar level at home. Of the participants, 47% said they always needed assistance to understand written medical information. Most of the participants reported satisfaction with the general medical information provided, but many reported their need for more medical information about their diabetes treatment during Ramadan.

Conclusion: The study shows that Emirati women in Abu Dhabi have suboptimal diabetes self-management. That is shown by their poor self-reported health and dietary habits, high physical inactivity,

predominant comorbidity, and complicated antidiabetic drug regimen. Low education level and religious aspects were a challenge for optimal benefit of medical information.

P2.8

ANTIBIOTIC USE IN HOSPITAL SETTING: HAVE PHARMACISTS AN ACTIVE ROLE?

F. Roque[1,2,3,4]; **A. Figueiras**[1,2,3,4]; and **M.T. Herdeiro**[1,2,3,4]

[1]*Department of Medical Sciences and Institute for Biomedicine – iBiMED, University of Aveiro, Aveiro, Portugal;* [2]*Research Unit for Inland Development, Guarda Polytechnic (UDI/IPG), Guarda, Portugal;* [3]*Consortium for Biomedical Research in Epidemiology & Public Health, University of Santiago de Compostela, Santiago de Compostela, Spain; and* [4]*CESPU, IINFACTS, Instituto de Investigação e Formação Avançada em Ciências e Tecnologias da Saúde, Gandra, Portugal*

Introduction: Antibiotic resistance is a well-known public health problem. Many studies indicate that there is an overuse in the hospital setting, and that is responsible for the threat of bacterial resistances. Pharmacists play an important role in implementation of guidelines in hospital, and their proactive attitude related to antibiotic use and bacterial resistances could improve antibiotic use in hospitals. This study sought to identify in what situations pharmacists agree that they should reject the supply of antibiotics after medical prescription to hospitalized patients.

Method: We conducted a cross-sectional study covering all hospital pharmacists registered with the Official College of Pharmacists in Portugal's Central Region. A self-administered questionnaire with questions about situations that the supply of antibiotics by pharmacists should be refused in the hospital setting was mailed to hospital pharmacists, whose responses ranged from 0 (total disagreement) to 10 (total agreement).

Results: About 50% of all hospital pharmacists participated in this survey. The highest agreement to reject the supply of antibiotics was identified for situations where prescribed dosage is not appropriate and when the pharmacist believes that the prescribed antibiotic is not the most appropriate for the clinical situation. About half of the participants did not show full agreement with the rejection of antibiotics when drug interactions are identified.

Conclusion: Interaction between pharmacists and physicians is very important to improve antibiotic use in hospital settings.

P2.9

ANTICOAGULATION FOR THE PREVENTION OF STROKE IN NON-VAVULAR AF IN GENERAL PRACTICE: ROOM FOR IMPROVEMENT

A. Ioannou[1]; **D. Singer**[2]; **S. Metaxa**[3]; **G. Kassianos**[4]; and **C. Missouris**[3,5]

[1]*Royal Free Hospital, London, United Kingdom;* [2]*Fellowship of Postgraduate Medicine, London, United Kingdom;* [3]*Frimley Health NHS Foundation Trust, London, United Kingdom;* [4]*Ringmead Medical Practice, Bracknell, United Kingdom; and* [5]*International Centre for Circulatory Health, London, United Kingdom*

Introduction: Our aim was to assess whether the recommendations and guidelines for thromboprophylaxis in patients with atrial fibrillation (AF) have been adopted in general practice (GP).