

Associations between quantitative and qualitative variables were analysed with Student's t-test or Mann-Whitney U test, based on normality tests. P values under 5% were considered statistically significant.

Results We enrolled 133 participants, aged 20–81 years old ($\bar{x}=46.8\pm 11.7$); 115 men, 16 women and 2 non-binary people.

The mean WHOQOL-BREF score was 3.54/5 (SPQoL=3.7/5; SPH=3.6/5; PH=3.5/5; Ps=3.6/5; SR=3.3/5; E=3.6/5).

The knowledge evaluation obtained an average of 87.1 \pm 10.6% of correct answers. 104 participants (78.2%) had optimal knowledge.

PLHIV with suboptimal knowledge reported worse QoL ($\Delta\bar{x}=9.1$, 95% CI 3.4 to 14.9; $p=0.002$) including SPQoL ($\Delta\bar{x}=0.6$, 95% CI 0.2 to 0.9; $p=0.001$), PH ($\Delta\bar{x}=2.4$, 95% CI 0.7 to 4.2; $p=0.006$), SR ($\Delta\bar{x}=1.3$, 95% CI 0.3 to 2.3; $p=0.011$) and E ($\Delta\bar{x}=2.9$, 95% CI 1.1 to 4.6; $p=0.002$).

Conclusion and relevance The results of this study justify the need for health education interventions in PLHIV who have suboptimal knowledge about HIV transmission in order to improve their quality of life.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-242

HUMAN IMMUNODEFICIENCY VIRUS PRE-EXPOSURE PROPHYLAXIS: ANALYSIS, FOLLOW-UP AND PANDEMIC EFFECT

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Background and importance In 2019, the National Health System (NHS) approved funding for the indication of pre-exposure prophylaxis (PreP) as an strategy to prevent human immunodeficiency virus (HIV) infection in high-risk populations. The hospital pharmacy (HP), together with the Sexually Transmitted Infection (STI) centre, has created an interdisciplinary circuit where these individuals are closely monitored.

Aim and objectives To characterise the user population of the HIV PreP programme and assess the adequacy of the circuit, as well as the impact of the SARS-CoV-2 pandemic.

Material and methods Retrospective observational study of the PreP programme from November 2019 to April 2021 carried out in the provincial STI treatment centre and the HP.

The following were assessed: compliance with inclusion criteria, adherence to treatment and causes of discontinuation, toxicity, acquisition of STIs and interactions. Also variations during confinement and degree of involvement by COVID.

Results 169 males, aged 39.6 \pm 10.0 (range 19–64) years, all met at least one inclusion criterion in the last year: 75.7% (n=128) men who have sex with men (MSM) with more than 10 different sexual partners, 71.6% (n=121) MSM anal sex without condoms, 17.1% (n=29) MSM drug use, 10.7% (n=18) MSM with multiple PreP, 74.0% (n=125) MSM with at least one STI and one engaged in prostitution.

30 clients discontinued medication: 33.3% (n=10) stopped risky practices, 20.0% (n=6) digestive toxicity (main adverse effect), 3.3% (n=1) poor adherence, 16.7% (n=5) client

choice and 26.7% (n=8) drop out of follow-up. Mean adherence was 94.5 \pm 11.4.

No patients acquired HIV during treatment, but other STIs were found (several users reported reduced of condom use): 36.7% (n=11) *Treponema pallidum*, 56.7% (n=17) *Chlamydia trachomatis*, 63.3% (n=19) *Neisseria gonorrhoeae* and 36.7% (n=11) *Mycoplasma genitalium*.

This was a young population that does a lot of physical exercise and after the clinical interview it was discovered they were abusing protein shakes and anabolic steroids, therefore they were warned about it.

During the confinement, 41 users were in treatment. Of the 37 who continued, 4 suffered from COVID.

Conclusion and relevance The programme meets the requirements of the NHS, with high adherence to treatment and a good safety profile.

Patients continued with PreP during confinement and there was a significant number affected by COVID.

Clinical pharmaceutical follow-up has allowed preventive and corrective interventions, but more emphasis should be placed on the use of condoms and avoiding anabolic steroids given the possible renal repercussions.

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INAPPROPRIATE ANTIBIOTIC DOSAGE ADJUSTMENTS IN PATIENTS WITH RENAL IMPAIRMENT: A CROSS-SECTIONAL ANALYSIS

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Background and importance Adequate dose titration in patients with renal impairment is crucial to avoid adverse effects and to achieve therapeutic goals. Dose reduction at baseline is not recommended to achieve desired plasma levels and to prevent the development of resistance.

Aim and objectives To assess the inadequacy of prescribed antibiotic doses according to renal function and to identify the medical services involved.

Material and methods Cross-sectional, descriptive study. All patients over 18 years of age with antibiotics prescribed on the day of the cut-off requiring adjustment according to renal function were included; patients admitted to the intensive care unit were excluded. The variables age, sex, prescribing specialty, antibiotic, dose and glomerular filtration rate were collected. Each prescription was reviewed according to our teaching hospital guidelines. Medical history and electronic prescription program were used for data collection.

Results 227 prescriptions for 200 patients (54% men, mean age 68 years) were reviewed. 9.7% of these prescriptions were not correctly adjusted for glomerular filtration rate. Of these, piperacillin/tazobactam was the most commonly prescribed antibiotic with an inadequate dose (45.5%), followed by amoxicillin/clavulanate (27.3%), meropenem (13.6%), vancomycin (9.1%) and gentamicin (4.5%).

The type of adjustment required would have been: dose adjustment (50%), interval modification (27.3%), and both (22.7%). 72.7% of these prescriptions were underdosed and 27.3% overdosed.