Conclusions

- It showed better clinical outcomes in the gemcitabine plus nab-paclitaxel group in PFS.
- The nab-paclitaxel can be an effective second-line chemotherapy in gemcitabine resistant patients.

No conflict of interest.

**CPC-127** SEVERAL TYPES OF PROTEINURIA AND ASSOCIATED FACTORS AMONG HIV-INFECTED ADULTS IN THE HAART ERA

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**Background** HIV-infected individuals have an increased risk of chronic kidney disease.

**Purpose** To evaluate the prevalence of different types of proteinuria and associated factors in a HIV-infected population with a high percentage (92%) of Caucasian origin.

**Materials and Methods** Cross-sectional study of all HIV-infected adults seen at the Montpellier University Hospital HIV outpatients unit over 6 months. Demographics, treatment history, co-morbidities and laboratory data were collected from an electronic database and manual review chart. Spot urine protein to creatinine (uPCR) and albuminuria (uACR) ratios, estimated glomerular filtration rate using the MDRD equation (eGFR) were assessed. Three types of proteinuria were defined: tubular proteinuria (uPCR > 200 mg/g and albuminuria/proteinuria <0.5), glomerular proteinuria (uPCR > 200 mg/g and albuminuria/proteinuria > 0.5), microalbuminuria (uPCR < 200 mg/g and uACR 30–300 mg/g). Multivariate logistic regression was used to identify independent factors of proteinuria for patients with eGFR > 60 mL/min/1.73 m².

**Results** Characteristics for 1210 patients were: median age 48 years, 26% women, 71% black, 93% on HAART, 54% on tenofovir, median CD4 cell count 488 cell/μl, 73% with HIV viral load <20 copies/ml, 7.8% hypertensive, 3.4% diabetic, 18.2% HCV positive, 20.1% with history of kidney disease. eGFR was >90 for 59.3%, 60 to 90 for 36% and <60 for 4.5%. Of 1156 patients with eGFR > 60 mL/min/1.73 m², proteinuria was observed in 159 patients (13.7%).

**Conclusions** Proteinuria was associated with tubular proteinuria: current regimen with tenofovir (OR 2.70), diabetes (OR 2.54), HCV+ (OR 1.62), AIDS stage (OR 1.54), older age (OR 1.46/10-year increment), diabetes (OR 0.73) and hypertension (OR 2.74) were associated with glomerular proteinuria.

**Abstract CPC-127 Table 1**

<table>
<thead>
<tr>
<th>uPCR &lt; 200 mg/g</th>
<th>uPCR &gt; 200 mg/g</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Proteinuria</td>
<td>Proteinuria</td>
</tr>
<tr>
<td>86.3% (997/1156)</td>
<td>13.7% (159/1156)</td>
</tr>
<tr>
<td>Microalbuminuria</td>
<td>Tubular proteinuria alanuric</td>
</tr>
<tr>
<td>4.4% (51/1156)</td>
<td>10.7% (124/1156)</td>
</tr>
<tr>
<td>Glomerular proteinuria</td>
<td>albuminuria＜0.5</td>
</tr>
<tr>
<td>3% (35/1156)</td>
<td></td>
</tr>
</tbody>
</table>

No conflict of interest.

**CPC-128** START SMART THEN FOCUS – A SURVEY OF ANTIMICROBIAL STEWARDSHIP GUIDELINES IMPLEMENTATION IN ENGLAND

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**Background** Start Smart then Focus Antimicrobial Stewardship (AMS) guidance for England was launched in November 2011 on European Antimicrobial Awareness Day.

**Purpose** To identify the extent of guideline implementation, whether the guidelines had improved AMS, and to collect examples of good practise.

**Materials and Methods** A web-based survey was developed using SurveyMonkey software, piloted, and then distributed through the microbiology, infectious diseases and pharmacy networks in July 2012.

**Results** There were 74 responses (44%) to the Start Smart then Focus (SSTF) guidance by September. SSTF was rated excellent or good by 65% for making AMS a Trust priority; by 57% for improving their AMS infrastructure; by 51% for improving prescribing practice; by 57% for improving audit and by 31% for improved usage reporting. Only 12% to 22% thought it was poor or less than satisfactory for the same criteria.

**Conclusions** The Start Smart then Focus Antimicrobial Stewardship guidance has helped to further implement AMS in England.

No conflict of interest.

**CPC-129** STUDY OF A PHARMACISTS CONTRIBUTION TO MEDICINES RECONCILIATION IN CRITICALLY ILL PATIENTS

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**Background** Medicines reconciliation in intensive care units (ICU) is essential in preventing medicines errors. Medicines reconciliation errors have been found to occur mainly in the transition of care.

**Purpose** To develop and evaluate a medicines reconciliation programme in critically ill patients.

**Materials and Methods** Prospective study. Discrepancies between chronic treatment and treatment prescribed by the hospital physicians in patients admitted to the ICU were analysed. Medicines histories were obtained from the medical history and patient interview. If discrepancies were found, the ICU physician was contacted.