Conclusions Following the recommendations, full dosing in patients commencing treatment was observed. Those recommendations not followed were due to patients whose treatment was not curative or those where a dose increase would cause a degree of toxicity.

The involvement of the Pharmacist responsible for updating the cytostatic unit led to a change in chemotherapy dosing in obese adult patients.

No conflict of interest.

**Abstract GRP-141 Table 1**

<table>
<thead>
<tr>
<th>Period of study</th>
<th>Number of patients in follow-up</th>
<th>Number of patients with treatment changes</th>
<th>Number of treatment changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>111</td>
<td>22 (20.4%)</td>
<td>23</td>
</tr>
<tr>
<td>2011</td>
<td>113</td>
<td>14 (15.8%)</td>
<td>16</td>
</tr>
</tbody>
</table>

The most frequent reason for change was adverse reaction to treatment 15 patients (38.4%); the most common were dyslipidaemia (5 cases) and neuropsychiatric disorders (4 cases); the other reasons were simplification of antiretroviral therapy 10 patients (25.6%), treatment failure 4 patients (10.2%), resistance to treatment 4 patients (10.2%) and other causes 6 patients (15.4%) (noncompliance, interactions, cardiovascular risk and unknown).

The most common treatment regimens preceding the change were tenofovir/emtricitabine (TDF/FTC) + lopinavir/ritonavir (LPV/r) and tenofovir/emtricitabine/efavirenz (TDF/FTC/EFV) (6 and 5 patients respectively), after the change tenofovir/emtricitabine (TDF/FTC) + darunavir/ritonavir (DRV/r) 600/100 mg was the most usual regimen (7 patients).

The average monthly differences in cost per patient after a change of antiretroviral treatment were 125.5 and 99.0 euros in 2010 and 2011 respectively.

Conclusions The identification and description of the changes in ART can act as a support tool in the overall monitoring of HIV patients.

It should be noted that adverse effects and desire to simplify ART contribute greatly to the reasons for change.

No conflict of interest.