4CPS-091 CURRENT STATE OF RETREATMENT OF HEPATITIS C INFECTION IN PATIENTS WHOM PRIOR THERAPY FAILED IN A HEPATITIS REFERRAL CENTRE

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Background The World Health Organisation calls for the eradication of the hepatitis C virus (HCV) by 2030. Direct-acting antivirals (DAAs) drugs promise shorter treatment times, much higher cure rates and fewer side effects. However, some patients failed to achieve sustained virological response (SVR) after DAAs regimens. Experts recommend retreatment based on an individual decision of the multidisciplinary team (MDT).

Purpose The aim of this study was to describe the cases of our hospital's patients who failed to achieve SVR after DAAs regimens.

Material and methods The study of the MDT reports between February 2014 and July 2018 allowed us to identify retreated patients who failed to achieve SVR after DAAs regimens. Patient information was collected based on the analysis of consultations' reports of the hepatology department: age, sex, viral genotype, co-infection with hepatitis B virus (HBV) and/or human immunodeficiency virus (HIV), cirrhosis, presumed cause of failure of the first treatment with DAA.

Results Of the 385 cases evaluated by the MDT, 12 patients were identified. Patients mean age was 57±12 years, sex ratio M/F was 1:4, four patients were cirrhotic, one was co-infected with HBV and two were co-infected with HIV. The genotypes found were: 1 (n=4), 2 (n=2), 3 (n=2) and 4 (n=4). First DAA treatment was either combinations of NS5B+NS5A inhibitors (such as sofosbuvir with daclatasvir/ledispavir/velpatasvir, n=8), or NS5A+NS3 inhibitors (grazoprevir/elbasvir or paritaprevir/ombitasvir, n=3) or NS5B +NS5A+NS3 inhibitors (dasbuvir/ombitasvir/paritaprevir, n=1). Four treatments were associated with ribavirine. The presumed cause of failures was HCV resistance to NS5A inhibitors, since the other causes (non-compliance, drug interactions, re-infection, premature discontinuation) had been discarded. During retreatment, the duration of treatment was lengthened and/or ribavirin was added. The molecules used for retreatment were NS5B and NS3 inhibitors in 2016 and 2017 (simeprevir/sofosbuvir, n=2). In 2018, NS5B+NS5A inhibitors associated with ribavirine (sofosbuvir/velpatasvir, n=1), NS5B+NS5A+NS3 inhibitors (glecaprevir/pibrentasvir/sofosbuvir with ribavirine n=4, sofosbuvir/voxilaprevir/velpatasvir n=4) and NS5A+NS3 (glecaprevir/pibrentasvir, n=1) were used.

Conclusion Failed SVR were mainly caused by NS5A mutations. Second-generation DAAs marketing approval has allowed the retreatment of several patients. Therapeutic strategies for retreatment comply with European Association of the Study of the Liver guidelines. However, these patients should be monitored closely to evaluate SVR.

REFERENCES AND/OR ACKNOWLEDGEMENTS

http://www.easl.eu/medias/cpg/2018/EASL%20Recommendations%20on%20Treatment%20of%20Hepatitis%20C%202018/English-report.pdf

No conflict of interest.

4CPS-092 PREVALENCE OF POLYPHARMACY IN PATIENTS WITH HUMAN IMMUNODEFICIENCY VIRUS INFECTION

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Background Due to the introduction of highly active antiretroviral therapy (HAART), the percentage of older HIV-positive patients is growing, with an increase in comorbidities and chronic medication. Nowadays, patients over 50 years are considered as an elderly population because of the age-related weakening of the immune system.

Purpose To determine the prevalence of polypharmacy in HIV-positive individuals treated with antiretroviral therapy in a regional hospital. Another outcome is to quantify the number of chronic medications in patients older than 50 years compared to patients younger than 50.

Material and methods Observational, retrospective study including HIV-positive patients with active antiretroviral therapy in January 2018. Exclusion criteria were: patients without clinical follow-up and post-exposure prophylaxis (PEP). The variables, collected from the electronic medical records and the electronic prescribing system, were: sex, age and chronic treatment. Polypharmacy was defined as simultaneous prescription of ≥6 active principles, including antiretroviral therapy. 'Major polypharmacy', described as ≥11 active principles, was also analysed. The statistical analysis was performed using SPSS Statistic.

Results Two-hundred and thirteen patients were included, 73% were men and 27% women. The mean age was 51±11 years. It is noteworthy that 60% of patients were older than 50 years. The prevalence of polypharmacy was 50%. Likewise, the prevalence of 'major polypharmacy' was nearly 11%. The mean number of drugs per patient (including HAART and concomitant medication) was significantly higher in the elderly group (7.0±2.8 versus 5.3±2.5).The most frequently prescribed treatments were: anxiolytics and hypnotics (31%), antihypertensives (21%), lipid-lowering agents (20%) and antidepressant drugs (17%).

Conclusion The prevalence of polypharmacy was high and similar to other studies, especially in elderly patients. It is necessary to develop specific health measures to help pharmacotherapy optimisation in this group of patients.

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https://ejhp.bmj.com/content/25/Suppl_1/A249.2

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4CPS-093 PERSISTENCE OF AN ANTIRETROVIRAL THERAPY IN HUMAN IMMUNODEFICIENCY VIRUS PATIENTS IN A TERTIARY LEVEL HOSPITAL

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Background The guidelines of antiretroviral therapy (ART) for the human immunodeficiency virus (HIV) recommend starting