with all the patients, regardless of the levels of CD4 lymphocytes and the symptomatology.

Purpose Persistence: time a patient remains with a treatment frome the beginning until the interruption, regardless of the reason. Aim of this research: comparison between the patients' persistence who different ART.

Material and methods Descriptive, transversal and retrospective research that includes all the patients who have started an ART for HIV, 2013–10 October 2018, and who have suffered a change in the therapy.

Variables: starting date, initial treatment, changing date and reason for the change. Analysis: SPSS Statistics.

Results Six-hundred and sixteen patients have started ART and 186 (30.2%) of them have changed it.

Fifty-one (27.4%) patients started ART with single tablet regimens (STRs), 40 (78.4%) started with Tenofovir/Emtricitabine (TDF o TAF/FTC) and 11 (21,6%) Abacavir/Lamivudine (ABC/3TC). Thirty-two 62.7%) were with an integrase inhibitor (INI) as a third drug, and 19 (37.3%) with no analogous (ITINN).

One-hundred and thirty-five (72.6%) patients started with multiple tablet regimens (MTRs), 115 (85.2%) TDF/FTC and 16 (11.8%) ABC/3TC. Seventy-two (53.7%) were with protease inhibitor (IP) as a third drug, 34 (25.4%) ITINN and 28 (20.9%) INI.

The median survival for STRs was 229 days (95% CI 146.0 to 311.9) and 164 for MTRs (95% CI 87.8 to 240.2), no statistically significant differences. Regarding the third drug, the median survival with INI was 103 days (95% CI 65.0 to 140.9), 241 days with IP (95% CI 162.1 to 319.9) and 265 days with ITINN (95% CI 162.1 to 367.9). Between INI-IP and INI-ITNN, there were statistically significant differences.

One-hundred and five (56.5%) patients changed their treatment because of toxicity, 48 (25.8%) patients simplification, 19 (10.2%) patients virologic failure, seven (3.8%) patients due to interaction with their home treatment and seven (3.7%) other causes. One-hundred and five patients changed ART by toxicity (39 of them (37.1%) had as a third drug IP, 37 (35.2%) ITINN and 29 (27.6%) INI)

In 2013–2015, 20 (16.8%) patients started STRs and in 2016–2018, 31 (46.3%) patients started STRs.

Conclusion ART combinations with STRs have a longer survival in the treatment and in patients with IP as a third drug, a greater survival is observed. The main cause of ART in naïve patients is toxicity. There was a gradual rise in the use of STRs throughout the years studied.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-094 EFFECTIVENESS OF GLECAPREVIR/PIBRENTASVIR IN REAL-WORLD CLINICAL PRACTICE FOR CHRONIC HEPATITIS C INFECTION

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Background Glecaprevir/pibrentasvir (G/P) is a pangenotypic, once-daily, ribavirin-free direct-acting antiviral treatment for hepatitis C virus (HCV) infection in patients with and without compensated cirrhosis.

Purpose Our aim was to assess the effectiveness of G/P treatment in patients with HCV infection in clinical practice.

Material and methods Observational retrospective study in a tertiary hospital. Patients with HCV infection treated with G/P between November 2017 and April 2018 were included.

Demographic data such as age, gender, race and adjusted morbidity group (AMG) were collected. AMG is a new morbidity tool adapted to the Spanish Healthcare System that classifies the population into four groups depending on the severity of their diseases.

Clinical registered variables were: transmission route of HCV infection, previous treatment status, stages of liver fibrosis, HCV genotype, baseline viral load, viral load measured after 4 weeks of treatment (VL4) categorised as undetectable, detectable below quantification (DBQ) and detectable above quantification (DAQ) with viral load >15 IU/mL, and sustained virological response defined as an undetectable HCV RNA level 12 weeks after stopping antiviral treatment (SVR12).

Results A total of 110 patients completed the treatment (55 ±12 years, 46% males, 95% Europeans). The most frequent AMG were group 2 (42%) and 3 (23%). Transmission route was unknown in 57 patients (52%), blood transfusion in 19 patients (17%), intravenous drug use in 14 patients (13%), nosocomial in 11 patients (10%) and other routes in nine patients (8%). Eighty-two patients (75%) were naive. Fibrosis degree was F0–F1 in 86 patients (78%), F2 in 20 (18%), F3 in 2 (2%) and F4 in 2 (2%). Most common HCV genotypes were 1b (72 patients, 65%) and 1a (21 patients, 19%). Mean baseline viral load was 3.18×10^6 IU/mL.

VL4 was determined in 55 patients: in 75% of them it was undetectable, in 15% it was DBQ and in 10% it was DAQ. SVR12 was achieved by 109 patients (99%) and in one patient results were not available due to loss of follow-up.

Conclusion G/P is associated with high SVR12 rates in a real-world setting. Similar results were obtained in clinical trials.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-095 RESCUE OF PATIENTS INFECTED WITH HEPATITIS C VIRUS NOT RESPONDING TO INTERFERON-FREE THERAPIES

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Background The new direct antiviral agents (DAAs) have substantially modified the situation of hepatitis C virus (HCV) infection patients, achieving very high viral response rates.[1] However, in certain patients, treatment with DAAs fails.

Purpose Our objective was to assess the effectiveness of a new treatment with DAAs in patients with HCV, in whom previous interferon-free therapies were ineffective.

Material and methods Retrospective descriptive observational study in which patients with HCV who were portrayed with DAAs between April 2013 and June 2018, were included. Demographic, analytical and clinical data were collected: age, sex, genotype, liver fibrosis (F), treatment with previous DAAs, resistance profile, baseline viral load (VL) and VL 12