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

**Purpose** Persistence: time a patient remains with a treatment from 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 changed their treatment with multiple tablet regimens (MTRs), 115 (85.2%) TDF/FTC and 16 (11.8%) ABC/3TC. Seventy-two (53.7%) were with protease inhibitor (PI) 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-ITINN, 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 MTRs.

**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.

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**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.

**RESULTS**

- **Overall**
  - SVR12 was achieved by 109 patients (99%) and in one patient result was not available due to loss of follow-up.
  - In 15% it was DBQ and in 10% it was 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).

- **Subgroups**
  - SVR12 was achieved in 97% (96%) of patients with compensated cirrhosis.
  - SVR12 was achieved in 99% (98%) of patients with naive patients.
  - SVR12 was achieved in 98% (97%) of patients with treatment-naïve patients.

**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.