Background Chronic hepatitis C treatment has changed with the direct-acting antivirals (DAAs) for the hepatitis C virus (HCV) with high levels of safety and effectiveness. Available data from clinical trials reveal that baseline factors at the beginning of treatment can influence treatment results: viral genotype, baseline viral load, degree of fibrosis and previous treatments.

Purpose To assess the influence of different variables on the effectiveness of Sofosbuvir(SOF)/Ledipasvir(LDV) in HCV-patients.

Material and methods Retrospective-observational study. Study period: April 2015–February 2016. Inclusion-criteria: Patients with HCV infection treated with SOF/LDV, 12 weeks. Exclusion-criteria: Patients with no data. Outcomes collected: Demographics: age/sex. Clinical data: basal-viral-load (VL), sustained-virological-response at week 12 (SVR12), defined as HCV-RNA titres lower than 15I U/mL 12 weeks after end of treatment. METAVIR-score: F0-F4. Liver-transplant, HCV-genotype (G), HIV-coinfection, previous treatments for HCV. Logistic regressions were used to identify independent clinical and demographic predictors of treatment failure. Analyses were performed by SPSS.v17. All associations were tested at a significance level of 0.05.

Results 124 patients were included (65.6% men); mean age, 56.67±10.07 years. Naive (60.7%), 25.4% HIV-coinfected; 14.8% liver-transplant patients; genotypes: 9.68% G1; 23.38% G1a; 37.10% G1b; 16.94% G3; 63.9% patients had VL>800 000 UI/ml. Adherence to DDAs: 100%. Fibrosis-degree: 6.6% F1, 26.2% F2, 33.6% F3 and 33.6% F4.

Global SVR12 was 91.67% and all patients with HCV G1a, G1b, G4 achieved SVR12. Only one pre-treated-non-cirrhotic HCV G1 patients relapsed. The lowest SVR12 were obtained for G3 (43.75%) (7/16). None of the variables analyzed significantly influenced on SVR12, except G (p=0.001). Most of relapses occurred in G3.

Conclusion Variables analyzed didn’t influence on SVR12 matching the results of Kouris et al. 2018. However, we observed G influenced on SVR12. It has been observed LDV is less active against G3 in-vitro (Gane et al. 2015).

REFERENCES AND/OR ACKNOWLEDGEMENTS

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Conflict of Interest No conflict of interest.

## Section 5: Patient Safety and Quality Assurance

### 5PSQ-001 EFFICACY OF OBETICHLIC ACID IN PATIENTS WITH PRIMARY BILIARY CIRRHOSIS AND INADEQUATE RESPONSE TO URSODEOXYCHOLIC ACID


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**Background** Obeticholic acid (OCA) is a synthetically modified bile acid that is used to treat a rare disease, the primary biliary cholangitis (PBC). OCA has been recently used in combination with ursodeoxycholic acid (UDCA) in adults who have not responded well enough to UDCA, or alone for adults who cannot tolerate UDCA.

**Purpose** To evaluate the clinical results obtained from patients with PBC who were treated with OCA in our hospital.

**Material and methods** In this study, all patients diagnosed with PBC, who were treated with OCA in our hospital were located. The primary endpoint was the percentage change in alkaline phosphatase (ALP) from baseline. Secondary endpoints included dose of OCA, change from baseline in markers of cholestasis and hepatocellular injury, analysis of possible interactions with concomitant treatments, side effects and their management.

The Electronic Clinical History (SELENE) and the Pharmacy Service Managing Software (FARMATOOLS) were used for the location and collection of clinical data.

**Results** A total of four patients were evaluated. They were all women with a mean age of 46 years (39–57), an average of 10 years (6–14) since the diagnosis, stage 3 fibrosis and a dose of 5 mg/day of OCA in combination with UDCA.

The mean baseline values of ALP were 273 IU/L (182–401) and all patients had normal values of total bilirubin. Half of the patients achieved a 50% reduction in baseline levels of ALP after 60 days of treatment. The baseline levels of alanine aminotransferase decreased by 32% (23–43) in three patients after 7 weeks. The baseline triglyceride levels increased by an average of 38% (4–171) and baseline HDL levels decreased 30% (26–32).

The only interaction detected was with the ion exchange resins, whose intake was spaced as much as possible from the OCA administration. The main side effects were pruritus, facial rash and diarrhoea. All the patients presented intense pruritus that could be controlled with the use of antihistamines.

**Conclusion** OCA has shown an excellent early response until now, improving levels of ALP with an acceptable safety profile. The most frequent adverse reaction is pruritus, which seems to be tolerated acceptably with pharmacological agents.

### REFERENCES AND/OR ACKNOWLEDGEMENTS

I would like to express my gratitude to my co-workers.

No conflict of interest.

### 5PSQ-002 IATROGENIC HYPOGLYCAEMIA: FREQUENCY AND IMPACT ON QUALITY OF LIFE AMONG TYPE 2 DIABETES MELLITUS PATIENTS

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**Background** Hypoglycaemia is the antidiabetic drugs’ major side effect, especially for insulin and insulin secretagogues. Few observations in real-life iatrogenic hypoglycaemia studies on type 2 diabetes have been carried out.

**Purpose** To assess iatrogenic hypoglycaemia frequency on type 2 diabetic patients and to measure its impact on quality of life.

**Material and methods** It was an observational cross-sectional study among type 2 diabetes inpatients and outpatients at the endocrinology department. Patients were asked the number of times they experienced light or moderate hypoglycaemia in the past 6 months and severe hypoglycaemia in the past 12 months. Quality of life related to patient’s health was measured by the Euro Q5 quality of life dimensions (EQ-5D). The EQ-5D score index was determined through a conversion table. This score can range from 0.529 to 1 in our country. The EQ-5D also includes a visual analogue scale (EQ-VAS) graduated from 0 to 100. Statistical tests ANOVA and the Chi-square test 2 were applied and statistical significance was accepted at p<0.05.

**Results** A total of 141 type 2 diabetic patients were enrolled. Average age was 59.3±10.2 years and the sex ratio was 0.64. Among patients, 71 (50.4%) reported at least one incident of hypoglycaemia. Only nine patients (6%) had immediately confirmed hypoglycaemia by a blood glucose finger less than 0.7 g/L. Seventeen patients (12%) reported severe hypoglycaemia, whereas hospitalisation was required for six cases in the emergency department, including treatment with glucagon or glucose solution. Median score of the EQ-VAS was 65. Severe hypoglycaemia occurrence was significantly related to mobility problems (p=0.027), autonomy (p=0.015) and usual activities (p=0.034). Hypoglycaemia is associated with a quality of life index less than the average level (p<0.001). Similar results were found in other studies. Hypoglycaemic events number had no significant impact on quality of life, with P-values greater than 0.05 for all EQ-5D dimensions.

**Conclusion** Our study revealed that iatrogenic hypoglycaemia had elevated rates and it impacts type 2 diabetic patients’ quality of life. This major side effect should have more consideration by practitioners for better diabetes management.

### REFERENCES AND/OR ACKNOWLEDGEMENTS


No conflict of interest.

### 5PSQ-003 A QUALITATIVE ANALYSIS OF BARRIERS TO MEDICATION ADHERENCE IN UNCONTROLLED DIABETES – FOCUS ON INSULIN AND SUGGESTIONS FOR PRACTICE IMPROVEMENTS

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**Background** There is a growing public health concern with the rising prevalence of uncontrolled diabetes in developing countries. An important reason for this is poor diabetes self-care. Patients with uncontrolled diabetes, especially those using insulin, are more likely to engage in non-adherence.

**Purpose** To identify barriers to adherence of insulin use and to offer suggestions for practice improvement.

**Methods** A qualitative study was conducted in Qatar with 20 patients using insulin. All patients were recruited from primary care clinics. Patients were interviewed face-to-face with a semi-structured interview guide. Transcripts were transcribed verbatim and content analysis was performed.

**Results** Communication breakdown was the most common barrier identified. Most participants experienced non-communication with their healthcare providers regarding insulin doses. Other barriers included side effects, lack of financial support and cultural beliefs.

**Conclusion** The findings of this study highlight the need for better communication between healthcare providers and patients. Improved communication can help to reduce the barriers to adherence and improve diabetes control.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

No conflict of interest.

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