Material and methods A retrospective observational study was conducted in a diabetic clinic of a regional hospital. Clinical data and demographic characteristics were obtained from computerised medical records and processed by Microsoft Excel. Overall, 52 participants were selected with T2DM who were treated with IDegLira in addition to oral antidiabetic drugs for at least 52 weeks between October 2016 and January 2018. The effectiveness of IDegLira was analysed through measuring glycated haemoglobin (HbA1c), fasting plasma glucose (FPG), and bodyweight and lipid profile parameters at the beginning of the treatment and at week 52.

Results Fifty-two patients were included in total. Mean age: 61.2 years (38–78): 25 females and 27 males. Average duration of diabetes: 8.5 years (2.8–19.9). After 52 weeks the mean HbA1c decreased from a baseline of 72.3±1.4 mmol/mol by 7.3±1.8 mmol/mol ($p<0.001$). The mean FPG was reduced from a baseline of 9.6±0.4 mmol/L by 1.5 ±0.4 mmol/L ($p<0.001$). Average weight loss was −0.45 ±0.32 kg ($p=0.161$). Mean changes in lipid profile parameters such as total cholesterol, LDL-cholesterol and triglycerides were statistically insignificant except for HDL-cholesterol, which increased from a baseline of 1.06±0.05 mmol/L by 0.04±0.02 mmol/L ($p=0.014$). Compared to the data from the DUAL Clinical Trial Programme, the reduction in glycemic parameters attained in this study was less pronounced presumably due to the smaller number of participants and different baseline characteristics.

Conclusion The conducted study confirms that the positive impact of IDegLira on glycemic compensation in patients with T2DM as a statistically significant decrease in parameters of glycemic control was achieved. On the contrary, the weight reduction and almost all the changes in plasma lipid concentrations were insignificant.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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No conflict of interest.

6ER-003 COST OF VENOUS THROMBOEMBOLIC DISEASE IN PATIENTS WITH LUNG AND PROSTATE CANCER: COSTECAT STUDY

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Background Patients with cancer are at significantly higher risk of developing, and dying from, venous thromboembolism (VTE). The CLOT and CATCH trials demonstrated the superiority of low-molecular-weight heparins (LMWH) over warfarin for recurrent VTE and established LMWH as the standard of care for cancer-associated VTE.

Purpose The aim of the present study was to determine the number of admissions and the cost of the management of VTE events occurring in patients with lung cancer (LC) or prostate cancer (PC).

Material and methods This was a multicentre, observational, ambispective pharmacoeconomic study involving six third-level hospitals. Patients with LC or PC who had suffered a first episode or a recurrent symptomatic or incidental VTE recurrence and who were receiving treatment with LMWH were included.

The data was collected through medical records and/or the discharge reports, as well as the information provided by the patient during the study visit as well as the information the patient collected in their patient diary during the follow-up period.

All hospitalisations and ambulatory cost related to VTE (primary diagnosis or related diagnosis) were recorded. Anticancer therapy was not collected. Costs were estimated through the consumption of resources collected in the eCRF and derivatives of the information from the patient's diaries associated with the handling of the episode of VTE.

Results Fifty-five patients were included from October 2017 to April 2018. The last patient visit was recorded in October 2018. The results will be presented during the EAHP 2019.

Conclusion Among the solid tumours with higher absolute risk of VTE are PC and LC that in our country represented the second and third most prevalent cancer according to the GLOBOCAN 2012 report.

VTE represents a great economic burden on health systems and society, mainly due to the treatment of initial and recurrent events that require hospitalisation.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

6ER-005 USE OF SACUBITRIL/VALSARTAN IN PATIENTS WITH CHRONIC HEART FAILURE

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Background Recommendations approved by the local Pharmacy and Therapeutics Committee (PTC) for the prescription of Sacubitril/Valsartan (SV) are: patients with chronic symptomatic heart failure (HF) (II–III grade following New York Association (NYHA)) with reduced left ejection fraction (LVEF <35%) and elevated N-terminal Pro B-type natriuretic peptide (NT-proBNP >640 pg/ml) seric levels to be treated with standard of care therapy: angiotensin converting enzyme inhibitors (ACE) or angiotensin II receptor blockers (ARB), in combination with beta-blockers (BB) and mineralcorticoid antagonists.

Purpose To evaluate the adherence to the recommendations of the PTC concerning the prescriptions of SV on hospital admission.

Material and methods A descriptive, observational and prospective study including patients treated with SV from March 2018 to July 2018 in a General Teaching Hospital.

Variables considered were: sex, age, patient chronic and fragile (G3), according to the stratification of the regional Health Service, HF NYHA classification, LVEF, NT-proBNP, previous treatment with ACE inhibitors/ARBs, BB and mineralcorticoid antagonists at hospital admission and glomerular filtration rate (GFR).

Results Fifty-one patients were included: 84% (43/51) were men, average 69±11 years and 51% (30/51) were G3.

According to the PTC's recommendations: 26/51 (51%) patients with NYHA III and 20% (10/51) NYHA II grade. The median of NT-proBNP was of 2,396 pg/ml (247–49, 280), 31/51 (61%) patients had NT-proBNP levels registered in the electronic clinical record (ECR), 3/31 (10%) patients had NT-proBNP <640 pg/ml: the average of LVEF was 31% ±8%, 39/51 (76%) patients had LVEF levels registered in ERC, 8/51 (16%) patients had LVEF >35%. Ninety per cent of patients received ACE or ARB and 57% (29/51) received both BB and mineralcorticoid antagonists. Just 27/51 (53%) of patients were well-treated with standard care therapy (ACE/ARBs, BB and mineralcorticoid antagonists). Two per cent (1/51) of patients had GFR <30 ml/min. After the study period, 82% (42/51) of patients continued treatment with SV and patients were followed by primary care physicians.

Conclusion The results show a low adherence of prescriptions with SV according to the PTC's recommendations. The recording of the variables NT-proBNP and LVEF in the ECR could be improved.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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No conflict of interest.

6ER-006 EFFECTS OF STATINS USE ON CLINICAL OUTCOMES IN PATIENTS ADMITTED WITH COMMUNITY-ACQUIRED PNEUMONIA

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Background Statins have shown some beneficial impact on patients with community-acquired pneumonia (CAP). This is mainly attributed to their pleiotropic effects, which include anti-inflammatory, anti-oxidative and immunomodulatory regulation.

Purpose The purpose of this study was to evaluate the effect of statins on patients admitted with CAP by assessing C-reactive protein (CRP) levels on the first and third day of hospitalisation and the length of hospital stay (LOS).

Material and methods A cross-sectional study was conducted over 12 months in a tertiary care university-affiliated medical centre. Inclusion criteria included adult patients admitted for CAP who had at least two CRP levels ordered at various days during hospitalisation. The response to antibiotic therapy was evaluated by observing a decrease in CRP level and LOS between the two studied groups. The study was performed in accordance with the Declaration of Helsinki and its later amendments and was approved by the institutional review board.

Results One-hundred and fifty-one patients were included in this study: 90 were statin users and 61 were non-users. Based on a two-tailed Pearson Chi^2 test, statin users had significantly more comorbid conditions such as diabetes, dyslipidaemia, hypertension and renal insufficiency, and both groups had similar percentages of congestive heart failure, chronic obstructive pulmonary disease, asthma and gastro-esophageal reflux. The severity of pneumonia (using CURB-65 criteria) was comparable between the two groups (using Pearson Chi^2 test). Based on a Sig 2-tailed independent sample test, no statistical significance was shown when comparing CRP levels of statin users to non-users. On day one, the mean CRP in statin users and non-users were 17.48 and 16.45 respectively (p=0.65). On day three, the mean CRP decreased in both groups: 6.34 in statin users versus 6.51 in statin non-users (p=0.858). Similarly, the length of hospital stay was not positively impacted by the use of a statin: the mean was 8.4 days for those who were on a statin versus 8.8 days for those who were not on a statin (p=0.298).

Conclusion In this cross-sectional study, patients who were admitted with CAP and receiving statins did not show any difference in clinical outcomes measured by CRP levels and LOS, as compared to statin non-users.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Not applicable.

No conflict of interest.

6ER-007 OFF-LABEL USE OF DALBAVANCIN IN GRAM-POSITIVE INFECTIONS: EFFECTIVENESS, SAFETY AND COST IN CLINICAL PRACTICE

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Background Dalbavancin (DAL) has recently been approved to treat complicated skin and soft tissue infections. It enables treatments with a single IV administration, so it is a highly attractive option in other infections that requires long-term treatment.

Purpose To provide information on the effectiveness and safety of DAL in off-label indications under clinical practice, and its impact on reduction of length of hospital stay and hospital costs.

Material and methods Study design: prospective cohort study.

Inclusion criteria: all adult patients who received at least one dose of DAL between 1 January 2018 and 31 August 2018 in a tertiary hospital in Spain.

Effectiveness was assessed by clinical success (resolution of signs and symptoms related to bacterial infections without microbiological evidence of infection during the follow-up period). Safety was evaluated by the incidence of adverse drug events (ADE). Cost was estimated taking into account the cost of the antibiotic therapy, the cost of hospital stay and the cost of nursing visits.

Follow-up: at least 1 month after DAL therapy was discontinued.

Results A total of 19 patients received DAL for an off-label indication during the study period (60.9% males; median age 59 years). All patients received DAL as targeted therapy. The most common indications were: endocarditis (n=6), bacteraemia (n=6), osteomyelitis (n=2), espondilodiscitis (n=2), other endovascular infections (n=2) and pneumonia (n=1). These infections were mainly caused by *Staphylococcus aureus* (10 isolates), coagulase-negative *staphylococci* (six isolates) and *Enterococcus spp* (three isolates).

All patients received previous antibiotics for a median of 19 days. DAL was administered for a median of 39 days (range 15–150 days), and concomitant antimicrobial therapy was prescribed to 10 patients (53%). The administration of