DAL allowed immediate patient discharge in 73% of patients.

The overall clinical success rate of DAL was 89%. Adverse events, mainly mild in intensity, were reported in six patients. The total cost of DAL was € 62 179. Overall, DAL was estimated to reduce hospitalisation by 273 days, with an estimated overall cost reduction of € 67 466 (€ 3551 per patient).

Conclusion DAL appears to be an effective and safe therapy in several serious gram-positive infections. Its use to facilitate hospital discharge can potentially lead to cost savings.

REFERENCES AND/OR ACKNOWLEDGEMENTS

<http://dx.doi.org/10.1136/ejpharm-2018-eahpconf.160>

No conflict of interest.

6ER-008 PERSISTENCE AND REASONS FOR SWITCHING THE INITIAL ANTIRETROVIRAL TREATMENT IN A COHORT OF NAÏVE HIV-INFECTED PATIENTS

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10.1136/ejpharm-2019-eahpconf.605

Background Current guidelines recommend starting antiretroviral treatment (ART) in all HIV-infected patients irrespective of the CD4 count.¹ Some studies have described that more than 40% of patients switch their initial ART.²

Purpose To describe initial ART in naïve patients, its persistence and the reasons leading to an ART switch.

Material and methods Retrospective observational study including all ART-naïve adult patients from January 2012 to August 2017 from our cohort of 2,060 HIV-infected patients. Patients restarting ART were excluded.

Data collected: demographic, HIV viral load (VL) and CD4⁺ count at baseline, initial ART and persistence.

Reasons for switching were classified as schedule optimisation, adverse events, toxicity prevention, drug-drug interactions, low-level viraemia, drug resistance and others.

Categorical variables, n (%); quantitative variables, mean ±SD.

The probability of switching the initial ART over time was calculated by Kaplan–Meier curves and log-rank test. Relative hazards of switching ART-naïve were calculated by Cox regression (adjusted for age, sex and CD4⁺ count).

Results During this period, 448 naïve-patients began ART: 202 (45.1%) INSTI, 137 (30.6%) PI and 109 (24.3%) NNRTI. ART-naïve was switched in 252 patients (56.3): 215 (85.3%) males, age: 39.3±10.0 years, VL≥100,000: 110 (43.8%), CD4 <200: 86 (34.4%). No differences in sex, age, baseline VL and CD4⁺ count were observed between patients with and without switching.

Kaplan–Meier showed differences in the persistence between different ART being the shortest time with the PI (p<0.001). There were statistically significant differences between ART-naïve (Hazard Ratio=2.7, p<0.001, 95% CI: 1.9 to 3.9).

Conclusion During the study period, more than 50% of patients switched their initial ART.

Differences in the persistence were observed between different ART, having the PI the shortest time.

Abstract 6ER-008 Table 1

	NNRTI n=109	INSTI n=202	PI n=137	P
Patients switching (n=252)	54 (21.4)	80 (31.8)	118 (46.8)	<0.001
Reasons, n (%)				
Schedule optimisation 92 (36.5)	3 (5.6)	21 (26.3)	68 (57.6)	<0.001
Adverse events 75 (29.8)	33 (61.1)	20 (25.0)	22 (18.6)	<0.001
Toxicity prevention 49 (19.4)	9 (16.7)	26 (32.5)	14 (11.9)	0.001
Drug-drug interactions 12 (4.8)	4 (7.4)	2 (2.5)	6 (5.1)	0.414
Low-level viraemia 9 (3.6)	3 (5.6)	3 (3.8)	3 (2.5)	0.610
Others 9 (3.6)	2 (3.7)	4 (5.0)	23 (2.5)	0.657
Drug resistance 6 (2.4)	0 (0.0)	4 (5.0)	2 (1.7)	0.141

The most common reasons for switching IP, INSTI and NNRTI were schedule optimisation, the presence of adverse events and toxicity prevention, respectively.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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No conflict of interest.

6ER-009 PATIENT SATISFACTION AND KNOWLEDGE AFTER SWITCHING FROM EVIPLERA TO ODEFSEY

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10.1136/ejpharm-2019-eahpconf.606

Background Tenofovir alafenamide (TAF) is associated with less renal and bone toxicity compared with tenofovir disoproxil (TDF) but with elevation of cholesterol levels. In our hospital, patients were automatically changed from a regimen with Eviplera (rilpivirine (RPV) +emtricitabine (FTC)+TDF) to a regimen with Odefsey (rilpivirine (RPV) +emtricitabine (FTC)+TAF). Patients were informed of the switch by the pharmacist. Patient views on the process of these medication switches have been rarely explored.

Purpose To assess the patient satisfaction and knowledge of the switch from RPV/FTC/TDF to RPV/FTC/TAF.

Material and methods Patients attending the outpatient pharmacy clinic in the months of August and September 2018 who had been previously treated with RPV/FTC/TDF and who came for the second dispensation to take RPV/FTC/TAF were included. In a face-to-face meeting with the pharmacist or by telephone, patients were asked to complete a survey. Demographic domains included gender, age, nationality of birth, education level and work status. Satisfaction and knowledge questions regarding the medication switch were assessed