(SVR), improving tolerability and shortened treatment duration.

Aim and objectives To describe the use of glecaprevir/pibrentasvir in the treatment of HCV patients, as well as to evaluate efficacy and safety.

Material and methods This was an observational retrospective study in all adult HCV patients who received treatment with glecaprevir/pibrentasvir between December 2017 and December 2018. Variables collected were age, sex, genotype, degree of fibrosis, type of patient (naïve, relapsed or non-respondent), prior treatment, treatment duration, basal viral load (VL), VL at 12 weeks after finishing treatment and adverse reactions. As an indicator of effectiveness, SVR was used.

Results A total of 37 patients (70.27% men) were analysed with a median age of 54 years (range 20–81). Six patients (16.22%) had genotype 1a, 10 (27.03%) had genotype 1b, 1 (2.70%) had genotype 2, 10 (27.03%) had genotype 3 and 10 (27.03%) had genotype 4. Regarding the degree of fibrosis, 7 patients (18.92%) were F0, 10 (27.03%) were F1, 9 (24.32%) were F2, 2 (5.41%) were F3, 3 (8.11%) were F4, and the degree of fibrosis was not determined in 6 patients (16.22%). Thirty (81.08%) were treatment naïve patients, 4 (10.81%) failed prior treatment with interferon+ribavirin, 2 (5.40%) were non-responders to treatment with direct acting antivirals (DAA) and 1 (2.70%) was a non-responder to both interferon and DAA. Treatment duration was 8 weeks in 28 patients (75.68%), 12 weeks in 6 (16.22%) and 16 weeks in 3 (8.11%). Median baseline VL was 1 506 164 IU/mL (range 19 800–49 033 584), with 23 patients (62.16%) having >800 000 IU/mL. SVR was achieved in 33 patients (89.19%). VL was not determined in three patients, although two of them presented undetectable VL at the end of treatment and one patient died before reaching 12 weeks post treatment. Regarding safety, six patients suffered at least one adverse reaction: nausea (2), fatigue (2), gastrointestinal discomfort (2), gas (1), night sweats (1), dry mouth (1), diarrhoea (1) and headache (1).

Conclusion and relevance Glecaprevir/pibrentasvir represents an effective pangenotypic therapeutic option for naïve, non-responding and relapsing HCV patients due to the high percentage of patients who achieved SVR. Most of the adverse reactions reported were similar to those described in clinical trials, all of them being mild, and did not require interruption of treatment.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

5PSQ-034 EVALUATION OF OSELTAMIVIR USE IN CLINICAL PRACTICE IN A SECOND LEVEL HOSPITAL

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Background and importance There is some controversy about the use of oseltamivir, dose adjustment and treatment duration. A new protocol was updated last year in our hospital specifying renal impairment posology adjustment criteria and cases in which the use of oseltamivir for 7–10 days is justified: patients hospitalised in the intensive care unit (ICU), and patients receiving immunosuppressive or antineoplastics drugs.

Aim and objectives To evaluate the suitability of oseltamivir prescriptions based on the updated protocol in our hospital; to evaluate the pharmacist interventions related to oseltamivir prescriptions; and to analyse the simultaneous prescription of antibiotics in patients with influenza A.

Material and methods This was an observational retrospective study of adult patients with influenza A confirmed infection, treated with oseltamivir during the period December 2018 to February 2019. Paediatric patients and those hospitalised in the ICU were excluded. Demographic variables, unit of prescription, glomerular filtration rate (calculated by CDK-EPI), dosage, treatment duration and reasons to extend oseltamivir treatment were registered. Moreover, pharmaceutical recommendations related to prescription, concomitant use of antibiotics and the results of microbiological culture were gathered.

Results During the study period, 255 patients were included, 132 (52.36%) men and 176 (68.12%) aged >65 years (20–98 years). The units of prescription were: surgical 6.3% and medical 93.7%. Posology was not suitable to renal impairment in 17 cases (6.7%). A total of 42 patients received oseltamivir for a period of time other than 5 days: in 36 patients (85.7%) the reasons were not justified and in 6 patients (14.3%) were due to ICU admission and use of immunosuppressive drugs. Eighty-two pharmaceutical interventions were done: 17 (20.7%) related to posology of which 58.8% were accepted and 65 (79.3) related to the duration of oseltamivir of which 90.8% were accepted. Of all the patients included, 119 (46.9%) were also prescribed an antibiotic, in 31 of whom a microorganism was isolated.

Conclusion and relevance The degree of compliance with the oseltamivir hospital protocol updated in 2018 was >80%. In total, >90% of the pharmaceutical interventions were accepted resulting in a change in the medical prescription according to the protocol recommendations. Pharmaceutical validation adds safety to the hospitalised patient and optimised oseltamivir prescription.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

5PSQ-035 DUAL THERAPY WITH DOLUTEGRAVIR AND LAMIVUDINE: EFFICACY AND SAFETY

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Background and importance A non-comparative study, a randomised pilot clinical trial and a cohort suggest that the change is virologically safe. There are still no results from two large randomised clinical trials in development. In naive patients, this pattern has shown no inferiority of dolutegravir and lamivudine compared with triple treatment with dolutegravir plus tenofovir/emtricitabine.

Aim and objectives To evaluate the efficacy, economic impact and reduction in adverse effects in HIV patients undergoing bi-therapy treatment with dolutegravir and lamivudine.

Material and methods A retrospective observational study was conducted in a second level hospital. Patients who started