(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

antiretroviral treatment or switched to dual therapy based on lamivudine and dolutegravir between June 2018 and September 2019 were included. Study variables were age, sex, date and reason for the change, duration of treatment, viral load (CV, copies/mL), CD4 and CD8 cells (cells/μL) before and after the change and on the date of the last available analysis, previous therapy, glomerular filtration rate (GFR) (mL/min), and levels of cholesterol (mg/dL), low density lipoprotein (LDL, mg/dL) and triglycerides (mg/dL).

Results Nine patients (66.66% men) with a mean age of 49 years (30–58), 3 of whom were naive patients (33.33%) were analysed. Effectiveness was 100% of patients who achieved CV <50 copies at 4–6 weeks, maintaining the virological response for an average of 26 weeks. CD4 and CD8 counts increased significantly from 690 to 805 and 910 to 943, respectively. The lipid profile showed differences in LDL from 170 to 120. A significant decrease in GFR was observed from 102 to 87. The annual cost saw a decrease of 1690€ /patient/year.

Conclusion and relevance Simplification to dual therapy was a safe and effective option that allowed optimisation of the resources against triple therapy.

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5PSQ-036 STOPP/START CRITERIA IN PATIENTS WITH HIV

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Background and importance The population with HIV is increasingly ageing. This premature ageing is estimated at 10 years. The consequence is that these patients suffer polymedication and more comorbidities than non-infected populations at earlier stages, and therefore are at risk of potentially inappropriate prescriptions (PIPs).

Aim and objectives To detect PIPs in patients with HIV using software, and to compare those detected with the best clinical judgment of the pharmacist.

Material and methods A cross sectional study was conducted in a tertiary hospital (11 March 2019–6 October 2019). Patients with HIV for ≥55 years who attended the outpatient pharmacy department were included. Patients were interviewed by a pharmacy student and data registered were age, sex, weight–height and domiciliary treatment. The student also checked (1) laboratory tests and registered creatinine values and (2) the medical records and registered last blood pressure values and all comorbidities. All of this information was included into the Checkthemeds software which detects STOPP/START criteria (V.2). Afterwards, pharmacists evaluated one by one all of the detected criteria using their best clinical judgment.

Results Ninety-five patients, 22 women (23%) and 73 men (77%), met the inclusion criteria with a median age of 62 years (55–83). Checkthemeds detected 32 different types of STOPP/START criteria in 77 patients (81%) with a total number of 234 PIPs. We found that 164 (70%) were STOPP criteria and 70 (30%) were START criteria. The most frequent STOPP criteria were A1 (n=103), D5 (n=23), A3 (n=12) and J3 (n=6). Among the START criteria, E3 (n=25), B2 (n=12) and E6 (n=5) were the most prevalent.

The pharmacists reviewed all the PIPs identified by the software and excluded 91 STOPP criteria (83 were A1 criteria, 6 were J3 and 2 were N1). Regarding START criteria, 21 were excluded (11 were B2 criteria, 5 were B1, 3 were F1, 1 was E2 and 1 was H2 criteria). There was an overestimation of the STOPP/START criteria of 112 (48%) using Checkthemeds.

Conclusion and relevance A large proportion of patients with HIV for ≥55 years have potentially inappropriate prescriptions, particularly drugs without an indication (A1 criteria), and one-third of patients required calcium+vitamin D prescriptions (E3 criteria). The pharmacist's role is essential to interpret the results of CheckTheMeds and to identify the most appropriate interventions for each patient.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

5PSQ-037 DOCETAXEL INDUCED NEUTROPENIC ENTEROCOLITIS: A CASE REPORT

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Background and importance Docetaxel is an antineoplastic drug indicated for the treatment of several types of cancers, such as non-small cell lung cancer and breast cancer. Common side effects include hair loss, low blood cell counts, numbness, shortness of breath, vomiting and muscle pains. However, other less common severe adverse events have been reported. Neutropenic enterocolitis, a serious inflammatory condition of the intestine, may occur in up to 1 in 1000 cancer patients taking docetaxel and its incidence is under continuous monitoring by the EMA's Pharmacovigilance Risk Assessment Committee.

Aim and objectives To describe and assess a severe case of docetaxel induced neutropenic enterocolitis after the first cycle of chemotherapy in a patient with breast cancer.

Material and methods This was a descriptive clinical case. Data were collected from electronic medical records. The Naranjo algorithm was applied to determine causality.

Results A 38-year old woman with stage IIB–IIIA invasive ductal breast cancer, hormone receptor positive and HER2 negative, received the first cycle of neoadjuvant chemotherapy with docetaxel 75 mg/m^2, epirubicin 75 mg/m^2 and cyclophosphamide 500 mg/m^2, with filgrastim prophylaxis. Seven days after, she developed uncontrolled abdominal pain with first step analgesics, nausea, vomiting, diarrhoea and fever. Neutrophil count was 470 cells/μL and the serum creatinine level had increased due to dehydration. A CT scan and echography of the abdomen demonstrated thickening of the walls of the caecum and ascending colon. According to previous findings, she was admitted to the intensive care unit for neutropenic