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/ μ L) 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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No conflict of interest.

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

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10.1136/ejhp-pharm-2020-eahpconf.353

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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10.1136/ejhp-pharm-2020-eahpconf.354

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/m², epirubicin 75 mg/m² and cyclophosphamide 500 mg/m², 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/ μ L 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