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.

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. Taiwo BO, Marconi VC, Berzins B, *et al.* Dolutegravir plus lamivudine maintains human immunodeficiency virus-1 suppression through week 48 in a pilot randomised trial. *Clin Infect Dis* 2018;**66**:1794–1797.
2. Cahn P, Sierra Madero J, Arribas J, *et al.* Non-inferior efficacy of dolutegravir (DTG) plus lamivudine (3TC) versus DTG plus tenofovir/emtricitabine (TDF/FTC) fixed-dose combination in antiretroviral treatment-naïve adults with HIV-1 infection: 48-week results from the GEMINI studies. 22nd International AIDS Conference, 23–27 July 2018, Amsterdam. Abstract TUAB0106LB.

No conflict of interest.

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 Checkthemed 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). Checkthemed 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 Checkthemed.

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/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

enterocolitis and acute renal failure. The next day, hemicolectomy had to be performed for signs of intestinal ischaemia. Finally, the patient was discharged after multiple infectious complications and 56 days of hospital stay.

The Naranjo algorithm established as 'probable' (score 6) the relationship between docetaxel and neutropenic enterocolitis. The Spanish Pharmacovigilance System was notified.

Conclusion and relevance In this case, docetaxel was probably responsible for neutropenic enterocolitis. In order to know the real incidence of adverse events listed as rare, it is essential that healthcare professionals officially report suspected adverse reactions.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

5PSQ-038 SAFETY OF CYCLIN DEPENDENT KINASE INHIBITORS IN THE TREATMENT OF BREAST CANCER WITH POSITIVE HORMONAL RECEPTORS AND NEGATIVE HUMAN EPIDERMAL GROWTH FACTOR RECEPTOR 2

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Background and importance Cyclin dependent kinase (CDK) inhibitors are an innovative therapeutic target for the treatment of locally advanced or metastatic breast cancer with positive hormonal receptors (HR) and negative human epidermal growth factor receptor 2 (HER2). Some adverse reactions have been reported than can decrease a patient's functional status or even lead to suspension of this line of therapy.

Aim and objectives To analyse the frequency of the main drug adverse reactions described for the different CDK inhibitors used for the treatment of patients with locally advanced or metastatic breast cancer in a third level hospital.

Material and methods A retrospective observational study was performed in patients who had started treatment with a CDK inhibitor between 1 June 2018 and 30 September 2019. Demographic and clinical features were obtained from the electronic patient clinical history (DIRAYA) and the electronic prescription programme (PRISMA) and recorded in an Excel worksheet. Adverse reactions recorded were diarrhoea, digestive disturbances, mucositis, asthenia, neutropenia, leucopenia, anaemia, thrombopenia, nausea and vomiting, anorexia and elevated transaminase blood levels.

Results Forty-two patients were found (41 women): 18 received palbociclib, 15 received ribociclib and 9 received abemaciclib. Average age was 56.8 ± 10.0 years. Average length of treatment was 135.4 ± 92.5 days, with an average number of cycles of 3.8 ± 3.4 . In 19% of patients, treatment was discontinued due to death (50%), progression (25%) or toxicity (25%).

The most frequent drug adverse reactions were neutropenia (52.4% of patients), asthenia (40.5%) and anaemia (26.2%), followed by thrombopenia (19%), nausea and vomiting (19%), diarrhoea (16.7%) and elevated transaminase levels (9.5%). In some cases, digestive disturbances (4.8%), mucositis (4.8%), anorexia (2.3%) and leucopenia (2.3%) were reported. Between the different drugs, diarrhoea and asthenia were the most prevalent adverse reactions in patients receiving

abemaciclib (55.6% in each), and neutropenia in those receiving palbociclib (66.7%) and ribociclib (53.3%).

Conclusion and relevance According to our results, the main adverse reactions should have been expected, in accordance with the drug data sheets. Knowledge of possible RAM allows us to improve patient safety. Nevertheless, it is necessary to expand the study to have more information on the frequency of these reactions during long term treatments.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

5PSQ-039 PANCREATITIS INDUCED BY IMMUNOTHERAPY? TWO CASE REPORTS

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Background and importance Immunotherapy stimulates the body's natural defences to fight tumour cells. In the literature, it is considered a safe drug. However, one of the adverse reactions described in the data sheet as uncommon is autoimmune pancreatitis.

Aim and objectives To describe two cases of pancreatitis related to immunotherapy.

Material and methods This was a descriptive retrospective clinical study. Data were obtained from the clinical records. A literature search was conducted on the adverse effects of immunotherapy. The causality of the adverse reaction was established using the algorithm of Karch–Lasagna modified by Naranjo.

Results A 67-year-old man was diagnosed with non-small cell lung cancer and received palliative treatment with nivolumab, 37 cycles. After 18 months of treatment, the patient complained of abdominal pain the days following the infusion. Analytical tests were performed showing an increase in amylase and lipase. Gastroscopy was performed, confirming the diagnosis of pancreatitis. The patient remained asymptomatic, so no specific treatment was initiated, but nivolumab was discontinued. A few weeks later, the patient arrived at the hospital complaining of abdominal pain, nausea and vomiting. The analysis showed a higher increase in both enzymes. The diagnosis of immunomediated pancreatitis was confirmed by gastroscopy. Enolic and lithiasic origin were ruled out, due to the absence of previous episodes. Corticotherapy was initiated, obtaining clinical and analytical improvement.

A 58-year-old woman was diagnosed with poorly differentiated carcinoma of probable pulmonary origin and received palliative treatment with pembrolizumab, 25 cycles. She went to the emergency room for abdominal pain and vomiting. A CAT scan was performed where radiological findings compatible with pancreatitis were found. High dose steroid therapy and antibiotherapy treatment was initiated. She was left with fluid therapy and days after she began a pancreatic diet. The patient progressed favourably. After applying the Karch–Lasagna–Naranjo algorithm, we established a probable causal relationship between immunotherapy and pancreatitis.

Conclusion and relevance Immunotherapy has demonstrated efficacy and a good safety profile in clinical trials but possible adverse effects due to its use can be observed, with little evidence described in the literature. In the event of any