in 52% was 5 days. Seventy-three patients received empiric levofloxacin, 67 ceftriaxone, 35 amoxicillin/clavulanic and 11.8% received no antibiotic.

Conclusion and relevance PCR was not performed in all patients suspected of flu virus infection. The population >65 years of age was the most affected by the virus, with HTA and smoking being the main risk factors. Oseltamivir was used at the correct dose, but treatment duration greater than or less than 5 days was not warranted. Adjustment for CKD was not always taken into account. Overuse of antibiotics was confirmed in patients where an antiviral might have been sufficient to treat the influenza.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-059 STRATEGY FOR CHANGE IN ANTIRETROVIRAL THERAPY: LOOKING FOR BETTER RESULTS

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Background and importance In June 2018, our regional HIV working group, in a programme to improve the efficiency and safety of antiretroviral therapy, recommended changing emtricitabine/tenofovir disoproxil fumarate/rilpivirine (E/TDF/R) to emtricitabine/tenofovir alafenamide/rilpivirine (E/TAF/R). Different studies evaluated TDF versus TAF, where TDF was associated with more nephrotoxicity and bone alteration, but effectiveness was similar.

Aim and objectives To evaluate the efficiency and safety of implementation of this strategy.

Material and methods This was a retrospective observational study (June 2018 to March 2019), including all patients treated with E/TDF/R. Collected data were gender, age, duration of treatment and last available analyticals before the change and at least 3 months later: viral load (VL), HIV RNA, CD4+ cell to assess effectiveness; glomerular filtration rate (GFR) and phosphataemia to assess nephrotoxicity; and alkaline phosphatase (AF) to analyse bone alteration. The cost per patient was calculated based on agreed regional prices.

Results Sixty patients were treated with E/TDF/R, 21 women and 39 men, median age 48 years (range 22–82), and all changed to E/TAF/R.

Median duration of treatment was 35 months (range 9–62) with E/TDF/R and 6 months (range 3–8) with E/TAF/R. At the end of the study, 97% of patients continued treatment with E/TAF/R. In all patients VL was undetectable and negative for HIV RNA. Before starting E/TAF/R, median CD4 cell/mL was 851 ± 392.3 , and 856 ± 392.3 in the last evaluation. Three patients (5%) had GFR <50 mL/min and with the change to E/TAF/R, GFR improved to >50 mL/min. Phosphataemia was adequate in all patients. AF was elevated in three patients (5%) but this improved after changing treatment.

Cost saving with the change was €40 per patient/month, and total saving for the study period was €24 000.

Conclusion and relevance Effectiveness was similar with the change. Safety was slightly favourable for E/TAF/R. However, it would have been interesting to evaluate longer use of E/

TAF/R to obtain more conclusive results on the improvement in renal function and to carry out an analysis of bone metabolism with markers of greater sensitivity and specificity. E/TAF/R could be a more cost efficient alternative as it could mean annual savings of up to €28 800.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-060 PRESCRIPTION ANALYSIS OF TENOFOVIR DISOPROXIL FUMARATE AND TENOFOVIR ALAFENAMIDE FUMARATE IN A THIRD LEVEL HOSPITAL

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Background and importance Tenofovir alafenamide (TAF) is a novel tenofovir prodrug, recently entering the market for HIV infections. TAF results in higher intracellular concentrations of the active metabolite tenofovir diphosphate compared with tenofovir disoproxil fumarate (TDF), allowing for much lower doses of TAF versus TDF. This leads to a reduction in the risk of kidney and bone disease, maintaining the same efficacy.

Aim and objectives The aim of the study was to evaluate the prescriptive trend of TDF and TAF based drugs for HIV in hospital and the switch from one formulation to the other.

Material and methods Dispensations, carried out from 1 January 2017 to 30 September 2019, of formulations containing TDF and TAF were extracted. In addition, patient switches from TDF+emtricitabine+elvitegravir+cobicistat (TDF/EMT/ELV/COB) to TAF+emtricitabine+elvitegravir+cobicistat (TAF/EMT/ELV/COB) and from TDF+emtricitabine+rilpivirine (TDF/EMT/RIL) to TAF+emtricitabine+rilpivirine (TAF/EMT/RIL) were analysed. The data collected were divided by year.

Results In 2017, 286 patients used TDF in their treatment regimen for HIV while 62 used TAF based drugs, the percentage prescriptions being 92.5% versus 7.5%, respectively. In 2018, 136 patients were treated with TDF and 223 with TAF, the percentage prescriptions being 34.5% versus 65.5%. In 2019, 44 patients used TDF and 267 TAF, the percentage prescriptions being 9% versus 91%. Eleven of 28 (39%) patients changed from TDF/EMT/ELV/COB to TAF/EMT/ELV/COB in 2017, 41% (7/17) in 2018 and 50% (2/4) in 2019. In 2018, 67% (35/52) switched from TDF/EMT/RIL to TAF/EMT/RIL and 58% (7/12) in 2019. No patient changed from TAF/EMT/ELV/COB or TAF/EMT/RIL to the corresponding TDF based drugs in the 3 year period studied.

Conclusion and relevance It is evident that the reduced toxicity of TAF resulted in a progressive reduction of the use of TDF over time and a further reduction in the future is conceivable. Therefore, it will be important to determine in future works whether only patients with specific conditions receive TDF therapy, such as those with pre-exposure prophylaxis, pregnant patients (data on the use of TAF in this category of patients are still limited) and those with hypercholesterolaemia or hypertriglyceridaemia (TDF has been shown to improve the lipid profile).

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.