4CPS-061 ADHERENCE TO ANTIRETROVIRAL TREATMENT AS A FUNCTION OF THE COMPLEXITY OF THE TREATMENT

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Background and importance Adherence to antiretroviral treatment is an important clinical aspect for the follow-up of HIV patients. The commercialisation of simplified presentations could help improve adherence.

Aim and objectives To compare adherence with antiretroviral treatment of HIV patients based on the number of daily tablets.

Material and methods This was a descriptive retrospective analysis. Adherence data were extracted from the PRISMA-APD outpatient dispensing programme and medical records were reviewed at Diraya. Data were collected from two cohorts: patients whose treatment consisted of one daily tablet and patients treated with two daily tablets. Patients who had been in treatment for at least 1 year were included. The selected schemes were: emtricitabine (FTC) 200 mg/tenofovir disoproxil (TDF) 245 mg associated with an integrase or protease inhibitor or efavirenz (EFV) 600 mg/FTC 200 mg/TDF 245 mg. The χ^2 test was used for comparison between data series of the two patient subgroups.

Results A total of 101 patients with active antiretroviral treatment were included continuously from October 2018 to September 2019, inclusive. Seventeen patients were excluded due to insufficient treatment time. The study included 43 patients treated with the FTC/TDF scheme associated with an integrase or protease inhibitor, and 41 patients were treated with a simplified scheme, EFV/FTC/TDF. The arithmetic mean of adherence for the two patient cohorts was calculated. The result was 90% (88.2–94.8) in patients with the FTC/TDF scheme associated with a third drug and 94% (92.4–97.2) for the simplified scheme. After performing the χ^2 , $p=0.153$ was obtained, so the difference between the two subgroups was not statistically significant.

Conclusion and relevance Adherence with treatment in our study exceeded 90% and was considered acceptable. Patients with more simplified treatments presented greater adherence with antiretroviral treatment in absolute value, although these differences were not statistically significant and could be due to chance. It is necessary to carry out new multicentre studies that include a greater number of patients to achieve more conclusive results.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-062 PATIENTS WITH DARUNAVIR/COBICISTAT/EMTRICITABINE/TENOFOVIR ALAFENAMIDE TREATMENT IN A THIRD LEVEL HOSPITAL

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Background and importance Darunavir/cobicistat/emtricitabine/tenofovir alafenamide (DRV/c/FTC/TAF) is a new single tablet

regimen for HIV. Another advantage is its coformulation with tenofovir alafenamide, and a better safety profile.

Aim and objectives To evaluate reasons for switching from one antiretroviral therapy (ART) to DRV/c/FTC/TAF, and to evaluate effectiveness, safety and patient satisfaction.

Material and methods This was an observational, descriptive, retrospective study of patients who started treatment with DRV/c/FTC/TAF and had an analytical control after the start of treatment. Variables collected: demographic, pharmacotherapeutic (reason for change to DRV/c/FTC/TAF, previous ART, number of previous active ingredients and tablets) and clinical (CD4 and CD8 lymphocytes, CD4/CD8 quotient, viral load and glomerular filtrate prior to and a median of 105 days after starting treatment). Satisfaction with ART was measured at 5 months using the ESTAR questionnaire (developed in Spanish based on the English language version of the HIV treatment satisfaction questionnaire (HIVTSQ)), with scores ranging from 0 to 60 points.

Results There were 38 patients (median age 50.5 years; 66.7% women) who initiated DRV/c/FTC/TAF. Three patients were not included: two naive and one who discontinued after a month due to intolerance. The previous ART was protease inhibitor/potentiator (PI/p) with two nucleotide analogue reverse transcriptase inhibitors (2NRTI) in 54.3% of patients, PI/p in 11.4%, integrase inhibitor (INSTI) with NRTI in 11.4% and 22.9% other. Patients switched from tenofovir diphosphate (TDF) to TAF (45.7%). Patients changed from an average of 2.57 active principles daily to 3, and from 1.78 tablets to 1.

Reasons for change were renal in 40%, CD4 decrease in 8.6%, renal and bone in 8.6%, simplification and lack of adherence in 8.6% and other in 34.2%. Median CD4 changed from 505 to 684; median CD8 from 692 to 764; and median CD4/CD8 from 0.66 to 0.69. Undetectable viral load remained stable in 97.7% of patients and glomerular filtrate in 94.3%. Scores in the ESTAR questionnaire were higher than 50 in 80% of patients.

Conclusion and relevance In daily practice, DRV/c/FTC/TAF was used in most cases to prevent damage to renal function. DRV/c/FTC/TAF is an effective and safe treatment which maintains viral load and glomerular filtrate. Patient satisfaction with the treatment was excellent.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-063 USE OF OSELTAMIVIR IN THE TREATMENT OF INFLUENZA A

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Background and importance Oseltamivir is used in the treatment of influenza A. In our organisation, there is a protocol with recommendations for use. It is only indicated in patients with positive polymerase chain reaction (PCR) influenza A. The recommended duration is 5 days and the dosage should be adjusted in cases of renal failure: 75 mg/12 hours (glomerular filtration rate (GFR) ≥ 30 mL/min), 75 mg/24 hours