(GFR=10–30 mL/min) and 30 mg/24 hours (GFR ≤10 mL/min or haemodialysis).

Aim and objectives To assess compliance with the recommendations for use of oseltamivir in two hospitals of our organisation (H1 and H2).

Material and methods This was an observational and retrospective study (December 2018–April 2019). Patients treated with oseltamivir in H1 and H2 were included.

Inclusion criteria: age >18 years, hospital admission.

Exclusion criteria: critical care admission, transfer to another hospital and discharge prior to finalising treatment.

Collected data age, gender, oseltamivir indication (positive PCR influenza A or empirical treatment), dosage, duration and PCR influenza A result.

Results were analysed with Excel

Results A total of 251 patients were included, mean age 78 (SD 14.4) years, 55% women.

In 65% of patients, treatments were initiated after a positive PCR influenza A result. In 35%, treatments were empirical; 95% of empirical treatments were from H2 where there was a 24–48 hour diagnostic delay compared with H1 (1–2 hours).

Duration of the treatment was 5 days in 35% of patients, ≥6 days in 22% and ≤4 days in 43% (78% of short treatments were empirical and were stopped after a negative PCR influenza A result).

Correctly adjusted treatments according to recommendations were 74%. Unadjusted treatments were underdosed in 93% and overdosed in 7%.

Conclusion and relevance In our study, there was a high percentage of empirical treatments. This could be decreased by having early diagnostic in all hospitals. Duration of treatment was adequate according to the protocol in only one third of patients. A set duration of treatment in the electronic prescription system could increase this number. Most treatments were adjusted to the recommended dosage. Unadjusted treatments were mostly underdosed. Training for professionals is necessary to explain the recommendations again.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-064 ADHERENCE TO ANTIRETROVIRAL TREATMENT IN PATIENTS WITH HIV

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Background and importance The goal of antiretroviral therapy (ART) is to reduce a person's viral load to undetectable levels. Poor adherence to ART is the first cause of therapeutic failure in patients infected with HIV. Furthermore, this fact can lead to HIV drug resistant strains.

Aim and objectives The main objective of the study was to determine the degree of adherence to ART and the factors that can influence adherence.

Material and methods A retrospective, observational and descriptive study of adherence in HIV over a 12 month period was conducted. HIV patients receiving ART were included. To measure adherence, we used the following methods: HIV viral load (VL) testing, CD4 count and dispensation record of our programme. VL was considered undetectable if

<20 copies/mL. Adherence data were calculated based on the units dispensed according to the days of treatment prescribed. Adherence was considered optimal when >95%. Some patients were selected for more comprehensive follow-up due to poor adherence.

Registered variables were sex, risk factors that could compromise adherence, analytical values (CD4 count, VL) and pill numbers.

Data were collected from an electronic prescription programme (Farmatools K.2.6) and the computerised medical history, MambrinoXXI.

Results During the study period, 128 patients receiving treatment were analysed: 50% were being treated with one tablet, 32% with two tablets and 18% with three or more tablets.

In 92% of patients, an undetectable VL was found. In 73%, CD4 level was >500/μmol. No relationship between VL or CD4 and adherence was found. Of the total number of patients receiving treatment, 92% were considered adherent and 8% had <95% adherence.

Risk factors that hindered adherence were a history of non-adherence (60%), lack of social support structures (50%), psychological distress (40%) and poor access to medication (30%).

Conclusion and relevance The results reflected a high adherence rate (>95%). Determination of analytical values, such as VL and CD4, and the record of dispensations of each patient, are methods for measuring adherence to ART.

It is important to monitor those patients who may have risk factors that compromise adherence. The hospital pharmacist can help to improve adherence.

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No conflict of interest.

4CPS-065 SWITCHING TO EQUIVALENT ALTERNATIVES: ANTIRETROVIRAL OPTIMISATION STRATEGY

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Background and importance HIV is currently one of the more expensive infectious diseases for the health system. Defining efficiency strategies is one way to save costs, in a system where resources are limited. A single tablet regimen (STR) is in some cases cost effective. Changing from one therapy to another does not compromise efficacy as it compares with equivalent alternatives.

Aim and objectives To describe an efficient strategy for switching to antiretroviral equivalent alternatives to save costs, and to perform a differences calculation simulation between them.

Material and methods We took into account the acquisition cost for each medication (according to our country regulations), and the dosage approved for them. We calculated the cost/treatment/year.

We analysed costs for antiretroviral treatments for patients and compared them with their equivalents. Avoided costs were calculated. We analysed all patients susceptible to a change to