

Conclusion and relevance The hospital pharmacist's role is fundamental in ensuring the correct use of these therapies and identifying patients whose ART could be improved. The impact of simplifying ART not only contributes to economic sustainability but could also reduce possible AEs from the treatment. In this case, dyslipidaemia was a common AE. Removing abacavir from the therapeutic regimen could reduce the cardiovascular risk.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-377 APPROPRIATENESS OF NUTRITIONAL SUPPORT FOR PATIENTS WITH INVASIVE MECHANICAL VENTILATION WITH COVID-19 DISEASE REQUIRING INTENSIVE CARE

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Background and importance Nutritional management in the intensive care unit (ICU) of patients with COVID-19 can influence their recovery. Several guides about nutritional support have appeared in the past few months

Aim and objectives To assess the appropriateness of nutritional management for COVID-19 patients in the ICU requiring invasive mechanical ventilation (IMV) through compliance with the recommendations of the Spanish Society for Intensive Care (SEMICYUC), the European Society for Clinical Nutrition and Metabolism (ESPEN) and the American Society for Parenteral and Enteral Nutrition (ASPEN).

Material and methods An observational retrospective study was conducted between 2 March and 13 May 2020. Patient data were taken from the clinical records. Demographic variables were age and sex; clinical variables were days until the start of artificial nutrition (AN), duration and type of enteral (EN) or parenteral nutrition (PN), body mass index (BMI), calorie intake/kg/day, protein/kg/day on the first and fifth days, increase in markers of hepatic cholestasis when duration of NP was >14 days, length of ICU stay and death.

Results 41 patients were included, 75.6% (n=31) men, and average age was 59.6±12.2 years. Median time to start of AN was 1 (0–6) day. 34.1% (n=14) of patients were obese, of whom 21% (n=3) were morbidly obese (average BMI 44.86±6.4). Average total kcal/kg/day and protein/kg/day on the first and fifth days of nutrition were 21.9±7.5 kcal/kg/day and 1.35±0.6 g protein/kg/day and 23.5±9.8 kcal/kg/day and 1.9±3.2 g protein/kg/day, respectively. Only 17% (n=7) started AN with EN, which was hypercaloric/hyperproteic (n=3) and normocaloric/normoproteic (n=4). At any time during hospital stay, 97.5% of patients had PN with a median of 14.5 (2–52) days. 20 people had PN >14 days. Alkaline phosphatase remained increased for 11 of them with a median of 13 (3–38) days. Direct bilirubin was elevated in all patients. 34 patients died and 26 remained on PN until the day they died.

Conclusion and relevance During the first day, AN accomplished the recommendations (20 kcal/kg/day and 1.2–1.3 g protein/kg/day). On the fifth day, total kilocalories did not achieve the recommended values (25 kcal/kg/day), although protein/kg/day was higher than the guidelines (1.5 kcal/kg/day). The reason might be the increasing protein request of

these patients. High doses of muscle relaxants could prevent proper functionality of digestive tube and low use of EN. It may be important to discuss the suitability of maintenance of AN for patients with a short life expectancy.

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4CPS-378 ORAL THERAPY ADHERENCE AND SATISFACTION IN PATIENTS WITH MULTIPLE MYELOMA

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Background and importance The transition to oral therapies in patients with multiple myeloma (MM) offers potential benefits to patients, however they must self-manage their medications and adherence can become an issue. It has been shown that patient satisfaction with medication has a strong positive correlation with adherence in chronic diseases. To date, there is no standard method of measuring adherence.

Aim and objectives The aim of this study was to estimate the adherence rate of oral antimyeloma therapies using two indirect methods and to identify risk factors for medication non-adherence. A secondary aim was to explore patients' and caregivers' perceptions of their medications.

Material and methods We carried out a cross sectional, observational, prospective, multicentre survey based on a self-reported questionnaire. All consecutive MM patients, with at least 3 months of oral therapy prescriptions were included. The structured and validated 6 item Girerd Scale and the medication possession ratio (MPR) were used for measuring medication adherence, and the SATMED-Q questionnaire was used for measuring patient satisfaction with the medication. An analysis of risk factors for non-adherence to oral therapy was performed using univariate analysis. Patients' and caregivers' opinions about their medications were assessed with a score from 0 (no importance) to 10 (highest importance).

Results 101 of 116 analysed patients participated in the survey, giving a response rate of 87%. The prevalence of adherence to oral antimyeloma therapy was estimated at 51.5% using the questionnaire, corresponding to a high level of adherence (ie, score=6). According to the MPR, adherence was evaluated at 96%, which was also considered high (ie, MPR ≥0.80). With both methods combined, adherence was estimated at 50.5%. One risk factor for non-adherence to oral antimyeloma therapy was identified: Eastern Cooperative Oncology Group Performance Status (ECOG-PS) >2 (p value=0.007). One predictive factor for good adherence to oral antimyeloma therapy was also identified: high satisfaction with treatment (p=0.01). No statistically significant difference was observed between patients and caregivers' perceptions of their medications.

Conclusion and relevance Determining risk factors that influence adherence could be helpful to better identify patients at