4CPS-391 | NON-ADHERENCE IN RHEUMATOLOGICAL IMMUNE MEDIATED DISEASES

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Background and importance Patient adherence is a key determinant of treatment success in rheumatological immunomediated diseases. Available data about adherence to biological treatments and factors associated with non-adherence are limited in Spain. Moreover, no studies have compared adherence between subcutaneous and oral drugs.

Aim and objectives To evaluate non-adherence to prescribed subcutaneous biologicals and oral drugs in patients with rheumatological immunomediated diseases and to assess possible predictor factors associated with treatment non-adherence.

Material and methods A retrospective observational study was conducted in all patients receiving oral and subcutaneous treatment for rheumatological immune mediated diseases from 2017 to 2019 in the outpatient pharmaceutical care area of a tertiary university hospital. Non-adherence was evaluated by reviewing all scheduled drug dispensing visits in the computerised application. We considered non-adherent every time that a patient missed at least one drug administration.

Data collected were demographic, total patients and patient treatments, total dispensing visits and route of administration for the drug dispensed in every visit. We classified patients as adherent and non-adherent considering the number of dispensing visits. In the non-adherent group, we recorded the number of dispensing visits, reasons for non-adherence, number of missed administrations per patient, and drug and predictor factors for non-adherence.

Results 783 patients were included, aged 52.4 (13.7) years, 427 (54.5%) were women, 164 (20.9%) were smokers and 697 (89%) were Caucasian. 79 (10.1%) of 783 patients received more than one treatment. There were 869 patient treatments: 294 adalimumab (33.8%), 236 etanercept (27.2%), 78 golimumab (8.9%), 47 apremilast (5.4%), 39 certolizumab (4.5%), 34 secukinumab (3.9%) and 30 tocilizumab (3.5%). There were 9197 dispensing visits. Route of administration was 6406 subcutaneous (93.2%) and 374 oral (6.8%).

Non-adherence analysis 2417 (26.3%) dispensing visits, reasons for non-adherence/dispensing visits: 92 unjustified (97.5%), 33 infection (1.4%), 18 surgery (0.7%), 3 pregnancy (0.1%), 6 other (0.3%). Number of missed administrations/patient treatments: 675 patients missed at least one administration (77.7%), mean 2.5 (±12.9) missed administrations. Number of missed administrations/drug: 9.9 baricitinib (±20.8), 15.8 tofacitinib (±31.2) and 25.4 apremilast (±53.2). Predictor factors for non-adherence: ethnicity ($p=0.015$), treatment with golimumab ($p=0.006$) and tocilizumab ($p=0.036$) and age ($p=0.072$).

Conclusion and relevance Non-adherence to the prescribed drug occurred in 77.7% of patients with rheumatological immune mediated diseases. Demographic factors such as ethnicity as well as golimumab and tocilizumab treatment, despite their different frequency of administration, were predictors for non-adherence. Route of administration did not influence non-adherence.

4CPS-392 | EFFECT OF COVID-19 PANDEMIC ON ANTIRETROVIRAL THERAPY ADHERENCE

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Background and importance In the context of the COVID-19 pandemic, many patients avoided moving from their homes, even to acquire essential drugs, such as antiretroviral therapy (ART). High adherence (more than 95%) is essential to acquire viral suppression and is associated with reduced mortality and morbidity. Furthermore, poor ART adherence is the first cause of therapeutic failure in HIV patients and HIV drug resistant strains.

Aim and objectives To evaluate and characterise the effect of the COVID-19 pandemic on adherence to ART and identify the main factors that influenced adherence during the pandemic.

Material and methods A retrospective, transversal, comparative study was conducted over the first semester of 2019 and 2020. HIV patients receiving ART were included. Exclusion criteria were: deaths, initiated ART during or after the first semester in 2019 and transfer to another hospital. To measure adherence, dispensing records were analysed. Registered variables were sex, risk factors that could compromise adherence and pill numbers. Data were obtained from the electronic medical records. For the statistical analysis, the paired t test was used to determine if there were differences in patient adherence before and after the COVID-19 pandemic.

Results 100 patients were analysed during the study period, with an average age of 48.9 ± 12.3 years and 61% were men. ART adherence was 67% in 2019 (67% male non-adherent) whereas in 2020 it was 43% (58% male non-adherent). Comparing both years, there was a decrease of 24% in the adherence rate, which was significant ($p=0.006$). The main reasons for this reduction were: rescheduling of doctor appointments or blood tests, mandatory confinement due to COVID-19 or fear of using the hospital facilities.

Conclusion and relevance The study results suggested that the COVID-19 pandemic affected HIV patient adherence. All efforts made to ensure continuity of treatment (medication delivery in the community and hospital pharmacies, teleconsultation) were not enough. It is important that pharmacists continue to promote therapeutic adherence and education about COVID-19. The main limitation of the study was the reduced sample used. It is highly important to monitor patients with ART to ensure their adherence rate and to understand how and why the COVID-19 pandemic affected their treatment. Further research is needed to know the real impact of the COVID-19 pandemic on the health of HIV patients.