generated more oscillation in plasma levels. For qualitative variables, absolute and relative frequencies were obtained, and for quantitative variables, the median (IQR) were used. For hypothesis contrast, Fisher’s exact test or the Mann–Whitney U test was performed according to the type of variable.

**Results** 45 patients were included, 23 received voriconazole and 22 isavuconazole. Median age was 62 years (56–67) for those receiving voriconazole versus 63 years (54–68) for those receiving isavuconazole (p=0.91). 34.8% (n=8) of patients treated with voriconazole achieved concentrations of tacrolimus >20 ng/mL (toxic concentration) within 10 days from the start of the combination compared with 14.3% (n=3) of patients treated with isavuconazole (p=0.1685). The median standard deviation of plasma concentrations was 3.76 ng/mL (2.89–4.5) with voriconazole versus 3.17 ng/mL (1.4–5) with isavuconazole (p=0.272).

Regarding tolerance to treatment, 28.57% of patients treated with isavuconazole had side effects associated with azole, compared with 82.6% of those treated with voriconazole (p<0.005). Treatment had to be suspended due to these side effects in 47.82% (n=11) of patients treated with voriconazole and in no patient treated with isavuconazole (p<0.005).

**Conclusion and relevance** Treatment with isavuconazole resulted in fewer tacrolimus poisonings, although the difference was not statistically significant. In addition, treatment with isavuconazole was found to be safer, had fewer side effects and did not require antifungal discontinuation.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

Conflict of interest No conflict of interest
Results 71 patients (69% men) with mean age of 55.1 (50–65) years were evaluated. 34 patients (47.9%) had pluripathology and 39 (54.9%) had polypharmacy, with a mean of 9.3 (6–26) drugs/patient. 37 drugs with anticholinergic burden were identified in 20 (28.2%) patients, and 10 of them (50%) had more than one anticholinergic burden drug. The most common drugs involved were chlorpromazine (15.2%), clorazepate (12.1%), paroxetine (12.1%), alprazolam (12.1%) and trazodone (9.1%).

A total of 67 interactions (16 non-ART medication/5 ART medication) were detected in 34 patients (47.9%) with a mean of 2 (1–6) interactions/patient. 49 (73.1%) were considered potential interactions and 18 (26.9%) were not coadministered. 73 Pl were performed in 40 patients (56.3%) with a mean of 1.8 (1–5) Pl/patient. The main drug classes that were candidates for depression were: anxiolytics/sedatives (20.5%), antihistamines (17.4%), antipsychotics (9.6%), antidepres- sants (8.2%) and antidiabetics (8.2%).

Conclusion and relevance About half of the patients had pluripathology and polypharmacy. Pharmacotherapeutic complexity was mainly due to the number of interactions. Considering the high number of drugs identified as candidates for optimisation, more coordinated intervention would be needed to improve pharmacotherapeutic prescriptions in the HIV population.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

Background and importance Tenofovir disoproxil (TDF) is a nucleoside reverse transcriptase inhibitor (NRTI) used for the treatment of HIV-1 infections in combination with other antiretrovirals. In 2016, the main TDF therapeutic regimens in our centre were: emtricitabine (FTC)/TDF/rilpivirine (RVP), FTC/TDF/efavirenz (EFV) and FTC/TDF in combination with other drugs. Starting from the same year, these formulations were marketed (except for FTC/TDF/EFV), containing tenofovir alafenamide (TAF) instead of TDF. TAF is a chemical precursor of TDF which has demonstrated high antiviral efficacy comparable with TDF but at a lower dosage and with fewer side effects (kidney and bone diseases). Furthermore, in 2018 and 2019, additional formulations containing the TAF were produced even though there was no corresponding formulation for TDF.

Aim and objectives The purpose of the study was to analyse the variation in therapeutic regimens from the marketing of TAF formulations in the 2016–2019 4 year period.

Material and methods Patient dispensations were analysed, extracting data from the information system. The focus was on prescriptive trends with TDF based TAF based formulations.