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/51 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 PI were performed in 40 patients (56.3%) with a mean of 1.8 (1–5) PI/patient. The main drug classes that were candidates for deprescription were: anxiolytics/sedatives (20.5%), antiulcers (13.7%), antipsychotics (9.6%), antidepressants (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

5PSQ-145 ANALYSIS OF THERAPEUTIC REGIMENS CONTAINING TENOFOVIR DISOPROXIL AND TENOFOVIR ALAFENAMIDE IN THE 4 YEAR PERIOD 2016–2019 IN A RESEARCH, HOSPITALISATION AND HEALTHCARE INSTITUTE

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Background and importance Tenofovir disoproxil (TDF) is a nucleotide reverse transcriptase inhibitor (NRTTI) 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/elvitegravir (EVG)+cobicistat (COBI), 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.

Results At the beginning of 2016, 4526 out of 6405 (70.66%) patients were treated with TDF, as follows: 1127 with FCT/TDF/EFV (24.90%), 1207 with FTC/TDF/RVP (26.68%), 457 with FTC/TDF/EVG+COBI (10.09%) and 1735 with FTC/TDF in combination with other antiretrovirals (38.33%). In 2017, TDF therapies were 3599 (55.69%) and TAF therapies 1175 (18.18%) of 6463. In 2018, TDF based regimens were 2542 (38.99%) and TAF based regimens 2268 (34.79%) of 6518. At the end of 2019, 2184 out of 6571 patients (33.23%) were treated with TDF and those with TAF were 2679 (40.77%). In comparison with the starting point, in 2019 TDF based therapies included: 648 with FCT/TDF/EFV (29.67%), 767 with FTC/TDF/RVP (35.12%), 0 with FTC/TDF/EVG+COBI and 769 with FTC/TDF in combination with other antiretrovirals (35.21%). TAF based therapies included: 708 with FTC/TAF/RVP (26.43%), 136 with FTC/TAF/EVG+COBI (5.08%), 592 with FTC/TAF/bictegravir (BIC) (22, 10%), 690 with FTC/TAF/DRV+COBI (25.75%) and 553 with FTC/TAF in combination with other drugs (20.64%).

Conclusion and relevance Analysis of prescriptions in 2016–2019 showed a decrease in TDF based therapies in favour of TAF based prescriptive regimens. Although TDF formulations remained a valid therapeutic opportunity, TAF formulations, with minor kidney and bone side effects, are an even more relevant alternative for physicians.

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5PSQ-146 'REAL LIFE' EFFECTIVENESS AND SAFETY ASSESSMENT OF FOSCARNET

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Background and importance Cytomegalovirus (CMV) infection is an important cause of mortality, especially in haematological patients. Foscarnet has been used to treat ganciclovir resistant CMV infections. Only a few studies assessing safety and effectiveness of foscarnet have been reported so far.

Aim and objectives To evaluate the effectiveness and safety of foscarnet in the treatment of CMV infection in a third level hospital.

Material and methods A retrospective observational study was conducted in patients who received foscarnet as treatment for CMV viraemia from January 2018 to April 2020. Variables collected were: age, sex, pathology, time of treatment, pattern, basal (start of foscarnet) and final (when foscarnet was suspended) viral load (VL), basal and nadir glomerular filtrate (GF) and metabolic toxicity (basal and nadir serum electrolytes). The results were obtained from the electronic history and prescription software (Farmatools).

Results 39 patients, 22 men, were included, and mean age was 55.8±14.9 years (26–82). 71.8% were haematological patients, of whom 41.0% had received bone marrow transplantation. Mean time in treatment was 11±6.6 days (1–27). The dosage pattern was 90 mg/kg/12 hours in 69.2%. 23.0% started treatment as prophylaxis with undetectable VL. In the