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 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 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/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.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

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 system. The focus was on prescriptive trends with TDF based TAF based formulations.