events. We calculated the rate of study outcomes among CHC patients with different genotypes.

**Results** We identified 1589 CHC patients newly initiating GLE/PIB. Mean age was 61.7 (SD 12.6) years and 53% were women. The major CHC genotype was type 2 (60.2%), followed by type 1b (16.5%) and mixed type (5.7%). We found the rate of SVR12 was relatively lower among patients with genotype type 6 (91.1%), type 2 (91.4%) and type 3 (92.2%) compared with genotype type 1 (100%), type 5 (100%), mixed type (96.7%) and unknown type (93.8%). Furthermore, 14.7% of patients were found to have ALT elevation (>3 times the ULN). Most of these were genotype type 2 (8.7%), followed by type 1b (1.8%) and type 3 (1.2%). No patient had total bilirubin levels over three times the ULN.

**Conclusion and relevance** The effectiveness and safety of GLE/PIB in Taiwan may vary in CHC patients with different genotypes. The findings could be strong grounds for future large scale prospective studies to confirm the association between CHC genotypes and treatment outcome with GLE/PIB.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

Conflict of interest No conflict of interest
Effect of sacubitril/valsartan on glycaemic control and renal function in patients with diabetes and heart failure: A multi-institutional cohort study in Taiwan

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Background and importance A well known trial, PARADIGM-HF, has demonstrated that sacubitril/valsartan could affect glycaemic control (HbA1c –0.3%) and renal function (eGFR –1.7 mL/min/1.73 m²) in patients with diabetes and heart failure with reduced ejection fraction (HFrEF). However, the effects have not been evaluated using real world data.

Aim and objectives To assess the effect of sacubitril/valsartan on glycaemic control and renal function in patients with diabetes and heart failure, by evaluating the changes in HbA1c and eGFR, respectively.

Material and methods We analysed the multi-institutional electronic health records database, Chang Gung Research Database, covering 1.3 million individuals from seven hospitals in Taiwan (6% of the national population) for this study. We selected a cohort of patients with diabetes and HFrEF (ie, left ventricular ejection fraction ≤40%) newly initiating sacubitril/valsartan during 2016–2018. Study outcomes were changes in HbA1c and eGFR values from baseline to 1 year after the initiation of sacubitril/valsartan treatment. We used a two-tailed paired t test to compare the differences in HbA1c and eGFR before and after sacubitril/valsartan treatment.

Results We identified 511 patients with diabetes and HFrEF receiving sacubitril/valsartan. Mean age was 64.1 (SD 13.2) years and 24.9% were women. At baseline, mean HbA1c and eGFR were 7.5 (SD 1.6) and 62.6 (SD 31.7) mL/min/1.73 m², respectively. After 1 year of sacubitril/valsartan treatment, the mean differences in HbA1c and eGFR were 0.16% (95% CI 0.29 to –0.03; p=0.014) and 4.45 mL/min/1.73 m² (95% CI 6.27 to –2.63; p<0.001), respectively.

Conclusion and relevance Consistent with the PARADIGM-HF trial, our findings indicated the use of sacubitril/valsartan affected glycaemic control and renal function in patients with diabetes and heart failure.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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