Aim and objectives To analyse the profile of pharmacological interactions with RTV as an enhancer of PIs and their severity.

Material and methods A retrospective observational study was conducted where patients undergoing treatment for HIV-1 infection with PI boosted with RTV before 2018 were reviewed. Patients who had been treated with RTV as an enhancer for at least 6 months were selected. Those that presented some interaction with PI/enhancer were reviewed. Data were collected on age, sex, drug interactions and their severity, and medical action/decision. The data were obtained from the drug dispensing register of the outpatient pharmaceutical care unit and the electronic clinical record. Interactions and their severity were reviewed using www.hiv-druginteractions.org/checker.

Results 210 patients were reviewed, of whom 5 patients (2.38%) had interactions that motivated treatment modification, reflected in the clinical history, with a mean age of 52 years (SD 5).

- RTV–triazolam: avoid co-administration. RTV can increase triazolam concentrations resulting in prolonged sedation or respiratory depression. Decision: ART modification.
- RTV–sildenafil: potential interaction. Co-administration of darunavir/RTV (400/100 mg twice daily) and a single dose of sildenafil resulted in fourfold greater exposure. Decision: use sildenafil single dose at a maximum 25 mg every 48 hours.
- RTV–quetiapine: avoid co-administration. Concomitant administration of RTV and quetiapine is contraindicated because it can increase the toxicity related to quetiapine due to its metabolism mainly by CYP3A4, which RTV inhibits. Decision: reduce quetiapine dose to one-sixth if administered jointly.
- RTV–atorvastatin: very low evidence interaction. Co-administration may increase atorvastatin concentrations and increase the risk of myopathy. Decision: exchange for pravastatin.
- RTV–anti-VHC (ombitasvir+paritaprevir/RTV): avoid co-administration. Co-administration with additional ritonavir is not recommended. Optional decision: modification of ART until the end of anti-HCV treatment.

Conclusion and relevance Interactions related to ART based on PI/enhancer can be easily managed to avoid causing harm to the patient. It is necessary to review the complete treatment in ART patients whenever they start a new drug.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-258 EVALUATION OF MEDICINES ADHERENCE AND ASSOCIATED FACTORS IN PATIENTS WITH CHRONIC HEPATITIS B

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Background and importance Chronic hepatitis B virus (HBV) infection is a major public health problem worldwide. Patients' knowledge about their disease and/or the use of new technologies are factors that may influence patient adherence to medicines.

Aim and objectives The aim of this study was to evaluate treatment adherence for HBV patients and identify the factors involved.

Material and methods This was a descriptive study carried out in a regional hospital for 8 months. Patients diagnosed with HBV by the gastroenterology unit who collected their treatments from the outpatient pharmacy service (OPS) during the study period were included. Patients who refused were excluded from the study. To evaluate adherence to the treatment and the factors involved, we developed a questionnaire with seven questions to be completed by the patient anonymously when collecting their medicines in the OPS. In addition, to evaluate treatment adherence, we checked the medicines dispensation record database. All patients enrolled signed informed consent to take part in the study.

Results 66 patients were included, 55 were men (83.3%), 33 (50%) were Spanish. Median age was 47 years (range 82–25). Four patients (6%) had attended university, 18 (27.3%) had a high school degree and 44 (66.7%) had primary school education. Of the surveyed patients, 51 (77.2%) has been collecting HBV medication over 3 years and 3 (4.5%) for <1 year. 29 patients (43.9%) had never looked at information about their disease and 37 (56%) answered three out of four questions correctly about the natural history of the infection. 51 patients said they did not require a medication reminder strategy while 8 (12.2%) used a medication remainder. 18 patients (27.3%) acknowledged skipping any medication in the last month, with the main cause of lack of adherence being forgetting the medication (15 patients, 83.3%). With regards to adherence to medication based on the pharmacy dispensation record database, 58 patients (87.9%) had more than 90% estimated adherence, with 100% adherence among patients who attended university or had a high school degree.

Conclusion and relevance HBV patients showed high adherence compliance. Most had not made special arrangements to remind them to take their medication. Generally, patients showed poor knowledge of the natural history of their illness. Our study showed a link between the patient's educational attainment and medication compliance.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-259 ONE YEAR WITH BICTEGRAVIR/EMTRICITABINE/TENOFOVIR ALAFENAMIDE

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Background and importance Bictegravir (BIC), a second generation integrase strand transfer inhibitor, approved for HIV treatment in fixed dose combination with emtricitabine (FTC) and tenofovir alafenamide (TAF), has potent antiviral activity in vitro to wild-type virus.

Aim and objectives To assess the virological and immunological efficacy and to evaluate safety at 24 weeks of BIC/FTC/TAF in naive patients and patients switching to BIC/FTC/TAF, and to analyse, by subgroup, the results in the switch group.

Material and methods This was a multicentre, observational, retrospective study in naive patients and patients switching to BIC/FTC/TAF in 2019, treated for at least 24 weeks. At the