beginning of the study, population data (sex and age) and analytical data were collected at baseline and at 24 weeks: viral load (VL), CD4 lymphocytes and any adverse event (AE) produced by BIC/FTC/TAF.

Results During the study period, 95 patients were included: 25 naïve (76% men) with an average of 40 years and 70 patients who switched (66% men) with an average of 43 years.

Results for immunovirological efficacy were

- naïve group: median VL and CD4 at the beginning were 764 026 copies/mL and 402 cells/mL, respectively. After 24 weeks, 22 (88%) patients had undetectable VL (<50 copies/mL) and the remaining 12% failed due to poor adherence. Adherence was reinforced for them and in the next analysis they had undetectable VL. The median CD4 with undetectable VL was 736 cells/mL.
- switched group: median VL and CD4 lymphocytes at baseline were 120 413 copies/mL and 639 cells/mL, respectively. After 24 weeks, 65 (93%) patients had undetectable VL with median CD4 lymphocytes in these patients of 728 cells/mL.

In total, there were four patients (4.2%) who had insomnia during treatment with BIC/FTC/TAF. Also reported were: 3 (3.2%) patients with headache, 1 (1.1%) patient with osteoarticular pain, 1 (1.1%) patient with increased menstrual bleeding and 1 (1.1%) patient with gastrointestinal pain. None of these AE was a reason for treatment interruption.

Conclusion and relevance BIC/FTC/TAF was safe (mild AE with a low incidence rate) and effective (high percentages of undetectable VL) and good results for CD4 lymphocytes.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-261 USE OF INTRAVENOUS IMMUNOGLOBULIN: BY THE BOOK?

S Machado*, M Silva, M Pereira, A Moleiro, P Sádio. Unidade Local De Saude Do Baixo Alentejo, Hospital Pharmacy, Beja, Portugal

Background and importance Intravenous immunoglobulin (IVIG) is a blood product used for replacement therapy and immunomodulation in various conditions. Its use is usually restricted to situations with clinical benefit and established evidence, due to the drug’s production method and high economic value. Recently, the Portuguese National Pharmacy and Therapeutics Committee (NPTC) released guidance for a more evidence based IVIG use approach.

Aim and objectives To characterise the IVIG prescription profile in our institution; to assess if IVIG is prescribed and used in accordance with guidance No 8, May 2020, from NPTC and the National Medicines Formulary (NMF); and to evaluate the impact of IVIG consumption on the hospital’s financial budget.

Material and methods All IVIG prescriptions from January 2018 to May 2020 were analysed. Indications, doses, infusion rates (IR) and adverse reactions (AR) were registered in an Excel spreadsheet. The indications were classified as either on or off-label, regarding their inclusion in the aforementioned guidance and as per the NMF. The economic impact was calculated from the average price, using SICIM-GLINTT pharmacy software.

Results The study included 131 prescriptions, of which 92.4% conformed to the NMF: 60.3% were replacement therapy, 15.7% selective calcium channel blockers, 11.2% topical nasal corticosteroids, 10.5% angiotensin II receptor blockers and 8.8% HMG-COA reductase inhibitors. 185 PR were made. The rate of acceptance was 70.8%: 35.2% change dose, 24.1% change treatment and 11.5% drug suspension.

Conflict of interest No conflict of interest
Clinical efficacy of intravenous case report of Kawasaki disease and SARS-CoV-2 infection in a paediatric hospital

Background and importance Kawasaki disease (KD) is a systemic vasculitis of unknown aetiology that affects children younger than 5 years old. The SARS-CoV-2 COVID pandemic highlighted cases reported to have an association between SARS-CoV-2 infection and KD. Clinical analogies verified between the two conditions open new perspectives with regard to aetiopathogenesis.

Aim and objectives To describe a severe hyperinflammation case of a 9-year-old girl (27 kg, 131 cm), previously healthy (mother tested positive for SARS-CoV-2; symptoms of high fever, diarrhea, headache, abdominal pain), with clinical data regarding the association of SARS-CoV-2 infection and KD.

Material and methods In collaboration with the clinician, we reviewed a medical chart of a KD SARS-CoV-2 associated case, diagnosed between January and July 2020.

Results On 16 April 2020, a 9-year-old girl was admitted to the emergency department for suspicion of acute abdomen with an associated persistent fever. Nasopharyngeal swab and bronchoalveolar lavage tests for SARS-CoV-2 were negative. Abdominal ECO showed lymphadenomalagia due to hyperinflammation and CT scan reported evidence of interstitial, parenchymal thickening and pulmonary infiltration. Echocardiogram showed normal coronary arteries with minimal pericardial effusion. Broad spectrum empirical antibiotics were started. On 18 April (illness day 7) respiratory distress appeared, a critical condition similar to a shock.

Conflict of interest No conflict of interest

References and/or acknowledgements


Conflict of interest No conflict of interest

4CPS-263 CASE REPORT OF KAWASAKI DISEASE AND SARS-COV-2 INFECTION IN A PAEDIATRIC HOSPITAL

1E Murta*, 2A Simonini, 3GB Ortenzi, 3R Sentinelli, 3AMF Garzone, 3E Andresciani, 3S Pellicioni, 3A Pomplito. 1Azienda Ospedaliero-Universitaria Ospedali Riuniti Umberto I-GM Lancisi-G Salesi, Sod Farmacia, 60123, Italy; 2Azienda Ospedaliero-Universitaria Ospedali Riuniti Umberto I-GM Lancisi-G Salesi, Sod Rianimazione, Ancona, Italy; 3Azienda Ospedaliero-Universitaria Ospedali Riuniti Umberto I-GM Lancisi-G Salesi, Sod Farmacia, Ancona, Italy

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