Background and importance Malnutrition is one of the strongest predictors of mortality and morbidity in haemodialysis patients. Albumin levels are used as an indicator of its severity and concentrations under 3.8 g/dL indicate severe malnutrition. As first-line treatment, guidelines recommend nutritional counselling and oral nutrition supplements. Furthermore, parenteral nutrition during regular haemodialysis sessions, known as intradialytic parenteral nutrition (IDPN), is an option for patients who can not tolerate oral or enteral routes for nutrition supplements.

Aim and objectives The aim of this study was to evaluate the effects of IDPN on albumin concentrations in malnourished haemodialysis patients.

Material and methods Observational retrospective study carried out with patients who had been in treatment with IDPN in the last 5 years, from April 2016 to April 2021. Age, sex, height, weight, body mass index, IDPN start and end dates, and albumin levels were collected to create database. Statistical evaluation was done using Rcommander software.

Results In this 5-year period, the total number of patients was 7 (N=7). Initial albumin levels were under 3.8 g/dL in 100% of the patients and the mean was 2.7 ± 0.58 g/dL. Mean duration of IDPN was 36 (3–150) days. Albumin concentrations increased in all patients and the mean increase was 0.80 ± 0.32 g/dL. In addition, 42.9% of the patients (n=3) attained albumin levels higher than 3.8 g/dL.

Conclusion and relevance IDPN has shown an improvement in albumin concentrations among haemodialysis patients; however, further investigations are required to establish a relation with mortality and morbidity.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

Conflict of interest

Background and importance Cardiovascular disease (CVD) is a major cause of morbidity and mortality in HIV patients. Recent studies suggest that the increased incidence of CVD is due to increased patient longevity, chronic inflammation and immune activation associated with HIV infection and antiretroviral therapy (ART) itself, which may contribute to increased cardiovascular risk (CVR).

Aim and objectives To establish the frequency of cardiovascular risk factors (CVRF), as well as to estimate the incidence of CVR in patients with HIV.

Material and methods Observational, retrospective study with all HIV patients with ART who were followed up by the Infectious Diseases Unit during 2020 at the Outpatient Unit.

The role of the hospital pharmacist in the treatment of these patients is the prevention, identification and management of the side effects associated with ART.

The variables gathered were: age, gender, AIDS prevalence, time since diagnosis, time and current ART.

The CVRF were evaluated following the criteria of the European Society of Cardiology: age, male gender, smoking, hypertension, diabetes, dyslipidaemia, obesity.

The Framingham scale adapted to the HIV population was used to determine the risk of CVD at 10 years: low risk (<5%), moderate (5–10%), high (10–15%) or very high (>15%) of myocardial infarction or coronary death.

Results 950 HIV patients were included (73%) male, mean age 52 years. Most of the patients had long-term infection, 25% with AIDS criteria and on ART for an average of 14 years. 98% were receiving ART, 16% with non-nucleoside analogues, 40% with protease inhibitors and 47% with transcriptase inhibitors.

The prevalence of CVRF was: age >45 years 78.5%, smoking 44%, hypertension 26.3%, diabetes 18.1%, HDL-cholesterol (HDL-C <35 mg/dL) 16.1%, total cholesterol (C-total >240 mg/dL) 10.8% and obesity 15.1%. There was a higher prevalence of CVRF associated with the male gender, which was statistically significant in diabetes, lower HDL-C and higher triglycerides (p<0.05).

Regarding the CVR assessment by the Framingham scale, the mean was 10.6% (95% CI 9.9% to 11.1%). CVR was significantly higher in men than in women (12.21% vs 6.23%, p<0.001).

Conclusion and relevance Classic CVRF are very common in patients with HIV, which carries a high risk of CVD. Therefore, it is advisable to improve the primary control of modifiable CVRF in HIV patients and to assess the use of drugs with a better CVR profile.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

Background and importance Fampridine is the only pharmacological agent approved for walking impairment in multiple sclerosis (MS). Medication persistence is an important element in determining the success of any long-term therapy and real-life utilisation data are especially important to optimise resources.

Aim and objectives To evaluate the persistence of fampridine in MS patients, reasons for discontinuation and the influence of predictive factors.

Material and methods Observational, retrospective, longitudinal study. All adults with MS treated with fampridine were included. Persistence, defined as the duration of time from initiation to discontinuation of therapy, was calculated as the count of days from the index prescription to the date of the final dispensing or end of the observation period (August 2022; 29(Suppl 1):A1–A218 A187