

#### 4CPS-215 PERSISTENCE AND THERAPEUTIC ADHERENCE TO FIRST-GENERATION JANUS KINASE INHIBITORS IN RHEUMATOID ARTHRITIS PATIENTS

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**Background and importance** First-generation Janus kinase inhibitors (JAKi), tofacitinib and baricitinib, are approved in adults with moderately to severely active rheumatoid arthritis (RA) who have not responded or tolerated previous treatment lines. Real clinical data about persistence and therapeutic adherence to these treatments is scarce.

**Aim and objectives** (i) To assess and compare first-generation JAKi persistence in clinical practice. (ii) To compare whether therapeutic adherence to tofacitinib and baricitinib influences treatment persistence.

**Material and methods** This was a retrospective study which included all RA patients treated with tofacitinib and/or baricitinib between October 2017 and May 2021 in a tertiary hospital. Demographic, clinical and pharmacological data were collected from electronic medical and pharmacy claim records. Kaplan-Meier survival analyses and log rank test were performed to calculate and compare treatment persistence. We assessed drug adherence with the medication possession ratio (MPR). Effect of therapeutic adherence on treatment persistence was evaluated with a linear regression model. Statistical analyses were performed using Stata 15 software.

**Results** We included 136 cases (61 were treated with tofacitinib (44.9%) and 75 with baricitinib (55.1%)) corresponding to 105 RA patients. They were mostly women (86.7%) with a mean age ( $\pm$ SD) of 63 ( $\pm$ 13) years. At treatment initiation, patients had a mean DAS28-ESR ( $\pm$ SD) of 5.1 $\pm$ 1.2. Study patients had previously received a median (range) of 3 (0–8) biologic agents for RA.

During the study period, 40 (29.4%) and 38 (27.9%) patients treated with tofacitinib and baricitinib, respectively, discontinued the treatment.

Mean treatment persistence was 363 days (95% CI 2 to 1282) in the tofacitinib group and 406 days (95% CI 8 to 1300) in the baricitinib group. There were no statistically differences in treatment survival (HR 1.01; 95% CI 0.59 to 1.71;  $p=0.97$ ).

Mean MPR was 91.0% in both groups. There was no correlation between therapeutic adherence and persistence ( $p=0.21$ ).

**Conclusion and relevance** Our results show no significant differences in treatment persistence and adherence between tofacitinib and baricitinib patients. In our cohort, medication adherence was high and did not influence treatment persistence.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

**Conflict of interest** No conflict of interest

#### 4CPS-217 CLINICAL, ECONOMIC AND ORGANISATIONAL IMPACT OF PHARMACISTS' INTERVENTIONS IN ONCOLOGICAL CARE PATIENTS

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**Background and importance** Clinical pharmacy is considered an integral discipline in the health care system to improve patients' health outcomes by optimising therapy and reducing drug-related problems (DRP), which are highly detected in oncological patients with complex therapies.

**Aim and objectives** Evaluate the clinical, economic and organisational impact of pharmaceutical interventions (PI).

**Material and methods** An observational, prospective and interventionist study was conducted in an oncology unit from October 2020 to March 2021. Clinical pharmacists identified, during medication review, relevant DRPs, which were subsequently classified according to the Overhage & Lukes severity scale, which led to a PI. All PIs were analysed to evaluate clinical, economic and organisational impact through the multidimensional tool CLEO.

Data were collected in an Excel database through the systematic review of inpatients via an electronic medical record program (HPHCISv.3.8). Variables collected were demographic, DRP detected, severity, PI recommended and its acceptance and later implementation.

The relationship between clinical, economic and organisational IPs relevance and DRP severity was assessed throughout with Spearman's correlation coefficient.

**Results** During the study period, 153 patients were included (50% female) with a mean age of 66 years. In one-third of the patients, 114 DRP and IP were recorded. The most common DRP identified were 'supratherapeutic dosage' (25.4%), 'untreated indication' (21.1%) and 'subtherapeutic dosage' (13.2%). Medication errors were considered significant in 68.4% of cases. PIs were mainly related to dose adjustment (35.1%) and untreated indication (22%). They were accepted in 78.1% of cases.

Clinical impact of PIs was 'major', 'moderate' and 'minor', in 4.4%, 16.4% and 79.2%, respectively. Regarding the economic and organisational dimension, 33.3% of PI would decrease the costs of care and 80.7% would be favourable on the quality of medical care.

The severity of the medication error and the clinical, economic and organisational significance of the PI were correlated with a medium statistical reliability level (Spearman's  $\rho=0.343$ ;  $\rho=0.439$  and  $\rho=0.487$ , respectively).

**Conclusion and relevance** The present study proves clinical pharmacists play a key role for detecting DRPs during medication review, whose severity relates to significant clinical, economic and organisational relevance. PIs allow an improvement of the quality standards of medical care while having a positive impact on cost saving in the clinical process. Including a clinical pharmacist as an essential member of the

multidisciplinary group would lead to an improvement in the care process.

## REFERENCES AND/OR ACKNOWLEDGEMENTS

**Conflict of interest** No conflict of interest

### 4CPS-237 MEASURING ADHERENCE TO ANTIRETROVIRAL TREATMENT: CORRELATION AND CONCORDANCE BETWEEN TWO INDIRECT METHODS

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**Background and importance** Adherence is one of the most important variables for achieving the benefits of antiretroviral treatment (ART) since effectiveness and safety of current treatments are optimal.

Adherence can be measured by direct methods, which consist of measuring the substances in biological samples, or by indirect methods based on patient interviews and dispensing records.

Indirect methods have the advantages of simplicity, an easier application in daily clinical practice and lower costs.

**Aim and objectives** The objectives of this study were to describe ART adherence in people living with human immunodeficiency virus (HIV) and to analyse the correlation and the concordance between two indirect methods used to measure adherence: a simple single item rating scale answered with a visual analogue scale (SIRS-VAS) and the medication possession rate (MPR).

**Material and methods** Multicentre (5 centres), observational, prospective and cross-sectional study. We enrolled adult people living with HIV (PLHIV) on ART.

The adherence was measured using two indirect methods. One was a SIRS-VAS about the percentage of ART taken in the previous month. The other method was the MPR, calculated over the previous 6 months from dispensing records.

$MPR (\%) = (\text{days covered with dispensed medication}/\text{time interval}) * 100$ .

For studying the adherence as a qualitative variable, different cut-off points were established on the SIRS-VAS and the MPR (95%, 90%, 85% and 80%), classifying participants as 'adherent' or 'non-adherent'.

Spearman correlation coefficient ( $r$ ) was studied between quantitative variables. Cohen's kappa concordance coefficient ( $\kappa$ ) was studied between qualitative variables.

P values under 5% were considered statistically significant.

**Results** We enrolled 128 participants, aged 20–81 years ( $\bar{x}=46.9 \pm 11.7$ ); 112 men, 14 women, and 2 non-binary people.

The mean  $\pm$  SD MPR was  $96.8 \pm 7.0\%$ . The mean  $\pm$  SD SIRS-VAS score was  $96.9 \pm 5.8\%$ . There was a modest correlation between both measures ( $r = 0.31$ ,  $p < 0.001$ ).

We observed the following qualitative concordance results between both measures:

Adherence cut-off point	$\kappa$	p
95%	0.318	0.000
90%	0.280	0.001
85%	0.127	0.145
80%	−0.030	0.724

**Conclusion and relevance** According to the results of both the SIRS-VAS and the MPR the adherence to ART in our population is optimal. The correlation between the SIRS-VAS and the MPR was only modest. The concordance between both measures was higher for people with high adherence results.

## REFERENCES AND/OR ACKNOWLEDGEMENTS

**Conflict of interest** No conflict of interest

### 4CPS-239 IMPACT OF KNOWLEDGE ABOUT HUMAN IMMUNODEFICIENCY VIRUS (HIV) TRANSMISSION ON THE QUALITY OF LIFE OF PEOPLE LIVING WITH HIV

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**Background and importance** Prejudices about sexually transmitted infections and misinformation about their transmission cause people living with human immunodeficiency virus (HIV) to continue to suffer social stigma. Social stigma can have a significant impact on mental health, global health, adherence to antiretroviral treatment and the quality of life (QoL) of these individuals.

**Aim and objectives** The aim of this study was to analyse the impact of knowledge about HIV transmission on the QoL of people living with HIV (PLHIV) to justify future interventions.

**Material and methods** Multicentre (5 centres), observational, prospective and cross-sectional study. We included adult PLHIV on antiretroviral treatment. Participants with less than 3 months since diagnosis were excluded.

The QoL was quantified using the validated WHOQOL-BREF questionnaire, consisting of 26 questions, directly scored from 1 to 5, with the exception of questions 3, 4 and 26, which are inversely scored. Results are directly proportional to the QoL. This questionnaire is divided into components: 'Self-Perception of QoL' (SPQoL), 'Self-Perception of Health' (SPH), 'Physical Health' (PH), 'Psychological' (Ps), 'Social Relationships' (SR) and 'Environment' (E). Results for each component are achieved by totalling the values of the items that comprise it.

Knowledge about HIV transmission was evaluated using an *ad hoc* questionnaire of 20 statements, to be responded to with 'true' or 'false'. Results were the percentages of correct answers, considering as optimal knowledge results greater than or equal to 80%.