Abstract 4CPS-255 Table 1

Parameter	Value
Patients, n	209
Age, years (SD)*	47.3 (10.3)
Male, n (%)	176 (84.2)
HIV viral load indetectable, n (%), CD4 >200 cells/mm^3, n (%)	136 (65.1), 160 (76.6)
ART type, n (%) NNRTI, PI, Raltegravir, Elvitegravir, Dolutegravir	47 (22.5), 32 (15.3), 25 (12.0), 37 (17.7), 48 (23.0)
HCV coinfection, n (%)	10 (4.8)
Most frequent CAMs, n (%) Green tea, Black tea, Red tea, Fish oil, Ginger, Cannabis, Field horsetail [P1]	71 (34.0), 41 (19.6), 34 (16.3), 28 (13.4), 26 (12.4), 24 (11.5), 21 (10.0)

*Median (range).

treatment (ART). There are no data about the frequency of CAMs consumption in the Spanish HIV population.

Aim and objectives This study aimed to explore CAMs consumption and drug-drug interactions (DDI) in a cohort of HIV patients.

Material and methods Cross-sectional multicentre study conducted between June and November 2018 in nine Spanish hospitals. Data collected: demographics, current ART, adherence (patients' self-report), CAMs consumption, virological and immunological current status. A structured questionnaire was used to assess CAMs consumption.

Identification of DDI was performed using the University of Liverpool database and classified in three categories: no clinically significant interaction, potential interaction requiring close monitoring/change (moderate) and contraindication (severe).

Results 420 patients were included; 347 (82.6%) male, aged 47(±10.4) years; 337 (80.2%) Caucasian, 209 (49.8%) taking 86 different CAMs. Table 1 shows the characteristics of patients taking CAMs and the most consumed CAMs. Ninety (21.4%) patients took ≥3 CAMs and 34 (8.1%) took ≥5 CAMs. At least one DDI was identified in 34 (16.3%) patients, all being moderate. Most frequent CAMs involved in DDI were magnesium (n=8), multivitamins (n=7) and cat's claw (n=3). In 68 (79.1%) CAMs no information was found.

Conclusion and relevance A high frequency and variety of CAMs consumption was observed in the Spanish HIV population, with green tea, black tea, red tea, fish oil and ginger being the most consumed products.

In 16% of patients a DDI with the ART requiring close monitoring/treatment change was detected. However, in almost 80% of CAMs no information about potentials DDI was found.

These results highlight the need to provide adequate information about these products to HIV patients as part of their pharmaceutical care due to their unawareness of potential drug interactions.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-257 EFFECTIVENESS AND SAFETY OF NINTEDANIB AND PIRFENIDONE IN PATIENTS WITH IDIOPATHIC PULMONARY FIBROSIS

J Pedreira Bouzas*, EM García Rebolledo, C Puivecino Moreno, M García Gil. *Hospital Universitario de Fuenlabrada, Hospital Pharmacy, Fuenlabrada, Spain*

10.1136/ejhpharm-2022-eahp.413

Background and importance Idiopathic pulmonary fibrosis (IPF) is a progressive disease with a poor prognosis. Nintedanib and pirfenidone are the only drugs indicated for this pathology. In pivotal clinical trials these drugs reduced the decline in forced vital capacity (FVC), which is consistent with a slowing of disease progression.

Aim and objectives Evaluation of the effectiveness and safety of nintedanib and pirfenidone in IPF in a second-level hospital.

Material and methods A descriptive study was designed in patients diagnosed with IPF treated with nintedanib or pirfenidone for at least 11 months. The following data were recorded: sex, age, dose, duration of treatment, initial FVC, FVC at 12 and 24 months, and death from any cause. The Electronic Medical Record (Selene), outpatient pharmacy software Farmatools and IBM SPSS Statistics were used. Patient data were collected between 1 January 2015 and 1 September 2021. To evaluate the effectiveness, the decline in FVC was used as the main variable. Dose reduction, time until dose reduction, and treatment discontinuation were used to evaluate safety.

Results Thirty patients were included: 23 (76.7%) men and 7 (23.3%) women, mean age 67 (49–83) years. A total of 16 (53.3%) patients received nintedanib and 14 (46.7%) pirfenidone. Mean duration of treatment was 2.8 (0.9–5) years. Mean FVC at the beginning of treatment was 2.47 L (95% CI ±0.71 L) and at 12 months the mean FVC was 2.40 L (95% CI ±0.65 L). In 16 patients it was possible to record a second FVC measurement at 24 months with a mean of 2.26 L (95% CI ±0.65 L). Death was recorded in 10 (33.3%) patients (5 (50%) in the nintedanib group and 5 (50%) in the pirfenidone group). Of all the patients, 6 (20.0%) had to reduce the dose (4 (66.7%) in the nintedanib group and 2 (33.3%) in the pirfenidone group). The mean treatment time until dose reduction was 6 (1–19) months. Four (13.3%) patients discontinued treatment due to adverse effects, all with nintedanib.

Conclusion and relevance FVC decreased slightly after 1 year of antifibrotic treatment and followed the same pace for 2 years. These results were comparable to those obtained in the pivotal clinical trials.

The safety of the treatment is acceptable, although one-fifth part of the patients had to reduce the dose due to adverse effects, and at least 1 in 10 patients had to abandon the treatment due to intolerance.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest