

Moreover, communication about patients' care was poor in view of our interviewees' declarations.

**Conclusion and relevance** Patients' perception of the role of antibiotics in general or in surgical use is imprecise, and is related to their perception of infections associated with care. It is therefore essential to strengthen a clear dialogue between healthcare professionals and patients in relation to care.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

We thank the 'Académie de Recherche et d'Enseignement Supérieur' (ARES) for funding this work.

**Conflict of interest** No conflict of interest

#### 4CPS-045 HEALTHCARE EVALUATION OF HOSPITAL PHARMACY SERVICES BY PATIENTS WITH IMMUNE-MEDIATED INFLAMMATORY DISEASES: A MULTICENTRE STUDY

<sup>1</sup>A Calvo García\*, <sup>2</sup>V Escudero Vilaplana, <sup>1</sup>E Ramirez Herraiz, <sup>3</sup>B Hernandez Muniesa, <sup>4</sup>M Fernández Pacheco Garcia-Valdecasas, <sup>2</sup>R Romero Jiménez, <sup>2</sup>E Chamorro De Vega, <sup>3</sup>N Herrero Muñoz, <sup>4</sup>B Ubeda Ruiz, <sup>1</sup>A Morell Baladron. <sup>1</sup>Hospital Universitario de la Princesa, Pharmacy, Madrid, Spain; <sup>2</sup>Hospital General Universitario Gregorio Marañón, Pharmacy, Madrid, Spain; <sup>3</sup>Hospital Universitario de Fuenlabrada, Pharmacy, Madrid, Spain; <sup>4</sup>Hospital Universitario Príncipe de Asturias, Pharmacy, Madrid, Spain

10.1136/ejhp-pharm-2022-eahp.90

**Background and importance** Immune-mediated inflammatory diseases (IMIDs) are a group of disabling chronic diseases.

**Aim and objectives** To assess the satisfaction with healthcare by patients with the most prevalent IMIDs, inflammatory bowel disease (IBD), psoriasis (Ps), psoriatic arthritis (PsA), rheumatoid arthritis (RA) and spondyloarthropathies (ESART), and to determine the factors that influence patients' satisfaction.

**Material and methods** Observational, prospective, multicentre, real-world evidence study, conducted in four Spanish hospitals. Patients with IMIDs who had attended at least three visits to the Pharmacy Department were included. Sociodemographic, clinical and pharmacotherapeutic data were collected from medical records. Care satisfaction was assessed using the Instrument for the Evaluation of the Experience of Chronic Patients (IEXPAC) questionnaire. Responses to IEXPAC are grouped into three factors: productive interactions, new relational model, and patient self-management, scored from 0 (worst) to 10 (best experience). Health-related quality of life (HRQoL) was assessed using the EQ-5D-5L questionnaire.

**Results** A total of 578 patients were analysed (IBD=25.3%; Ps=19.7%; ESART=18.7%; RA=18.5%; Ps=17.8%); mean age 49.8 (12.3) years and 50.7% were male. The mean score for IEXPAC was 6.6 (1.9). RA obtained the lowest score, 5.83 (2.0), with statistically significant differences observed versus Ps (7.01 ± 1.7; p=0.003), IBD (6.83 ± 1.9; p=0.012) and ESART (6.80 ± 1.6; p=0.001). Productive interactions (8.5 ± 1.8) and patient self-management (7.3 ± 2.3) were the highest scoring factors and the new relational model the lowest (3.2 ± 2.7). Male versus female gender (7.0 (1.7 vs 6.1 (1.9), p<0.001), longer interval between medication intake (Pearson correlation coefficient (PCC)=0.133, p<0.002) and higher HRQoL (PCC=0.176, p<0.001) were significantly related to better patient satisfaction. Current biologic therapy also significantly influenced patients on treatment with tumour necrosis factor inhibitors (6.6 (1.9)) and interleukin inhibitors (6.7 (1.8)), who expressed higher satisfaction than those on selective immunosuppressants (5.7 (1.9)) (p=0.025).

**Conclusion and relevance** The results of IEXPAC show a high overall satisfaction with the quality of care by patients with IMIDs seen in the pharmacy service. However, there are areas for improvement to offer better quality of care, namely to inform about health and social resources, access to information via the internet about their disease, and fostering and facilitating relationships with patients in similar conditions.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

**Conflict of interest** No conflict of interest

#### 4CPS-046 CARDIOVASCULAR RISK OF HIV PATIENTS

P Tardáguila Molina\*, E Martínez Ruiz, FJ Pro Jimenez, I Mendoza Acosta, GI Casarrubios Lazaro, A Lazaro Lopez. Guadalajara University Hospital, Pharmacy, Guadalajara, Spain

10.1136/ejhp-pharm-2022-eahp.91

**Background and importance** Patients with HIV infection have greater risk for cardiovascular diseases (CVD) compared to the general population, being the main cause of morbidity/mortality. Factors that contribute to this increase are both those of the infection and the classical cardiovascular risk factors (CRFs).

**Aim and objectives** The aim was to observe the prevalence of CRFs, to estimate the cardiovascular risk of HIV patients and to analyse pharmaceutical interventions which were carried out to control the risk.

**Material and methods** Observational and prospective study carried out from February to June 2021.

The main unmodifiable (age, sex) and modifiable CRFs (smoking, arterial hypertension (≥140/90 mmHg), diabetes mellitus, elevated low-density lipoprotein-cholesterol (LDL-c) (>100 mg/dL), low high-density lipoprotein-cholesterol (HDL-c) (<40 mg/dL), elevated total cholesterol (≥200 mg/dL) and physical inactivity) were identified. The patient's cardiovascular risk was measured using the Framingham Scale (2008). Data were collected through electronic clinical history and the interview with the patient in a pharmaceutical care clinic.

**Results** 63 patients were included. Median age was 53 (IQR 45–57) years and 67% were men.

The CVRFs analysed were: (a) tobacco use 50.7% (median: 10 cigarettes/day (IQR 9–20)); (b) arterial hypertension 31.7% (70% were treated pharmacologically but only 25% had their blood pressure controlled); (c) diabetes mellitus 8%; (d) 50.8% had high total cholesterol, 63.40% high LDL-c and 17.4% low HDL-c (27% were under pharmacological treatment) and (e) 61.9% carried out regular physical activity.

According to the Framingham Scale, 23.4% had a high risk of CVD in the next 10 years and 28.5% a moderate risk.

92 pharmaceutical interventions were carried out. The most relevant were: recommendation to quit smoking habits and/or monitoring adherence and tolerance of vareniclyline (44%), advice on nutritional habits (41.3%) and the suggestion to start or increase weekly physical activity (32%).

**Conclusion and relevance** CRFs are common in these HIV patients and a large proportion of them have a moderate–high risk of CVD. The main role of the pharmacist in this study has been aimed at modifying heart-healthy lifestyle habits. The approach of cardiovascular risk should be considered as part of the integral follow-up of HIV patients.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

**Conflict of interest** No conflict of interest