



Abstract 4CPS-108 Figure 1 Evolution of biomarkers from day 0 (D +0) to day 10 (D+10) after initiation of baricitinib treatment

The REDCap database was used for data collection and the G-STAT-2.0.1 for statistical analysis (paired t-test/Holm–Bonferroni correction).

Results A total of 31 patients were included: 6 women and 25 men. Median age (IQR) was 64 (55;75) years.

Main comorbidities were dyslipidaemia (39%), hypertension (35%), pulmonary disease (29%), diabetes (16%) and cardiopathy (16%). During admission, 15 (48%) received corticosteroids and 18 (58%) remdesivir, 7 (23%) needed high-flow oxygen, 5 (16%) required intensive care unit (ICU) admission and 2 (6%) died.

Baseline biomarkers, as median (IQR), were: CRP 8.2 (5;11) mg/dL, ferritin 402 (176;794) ng/mL, LDH 280 (237;340) U/L, lymphocytes 0.6 (0.4;0.9) 10⁹/L and D-dimer 500 (300;700) ng/mL.

The change in the biomarkers is shown in Figure 1. There was a decrease in CRP which was statistically significant from D+5 ($p=0.0144$) onwards and an increase in lymphocyte count significant from D+2 ($p=0.0148$) onwards. LDH, ferritin and D-dimer did not significantly improve. No patient had thromboembolic complications or other adverse reactions associated with treatment.

Conclusion and relevance Patients with severe SARS-CoV-2 pneumonia treated with baricitinib showed a significant increase in lymphocyte counts as well as a significant decrease in CRP shortly after baricitinib treatment. This fact, together with the low mortality, and good tolerance supports the use of baricitinib for patients with COVID-19 pneumonia.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-109

DESCRIPTIVE ANALYSIS OF PATIENTS CO-INFECTED WITH HIV AND HEPATITIS C VIRUS (HCV) TREATED WITH ANTIVIRALS FOR HCV AND ITS EFFICACY IN A PRISON FROM 2002 TO 2020

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Background and importance The prevalence of patients with hepatitis C virus (HCV) viral load in national prisons was 3% in 2018, 2.5 times lower than the one obtained 10 years ago. In fact, since patients started to be treated with interferon-free-based treatments in 2015, a drastic decrease in HCV viral load prevalence was observed.

Aim and objectives To evaluate the response to treatment in inmates of a prison presenting HIV-HCV co-infection and that following treatment with HCV antiviral drugs.

Material and methods A descriptive observational study was conducted. The electronic clinical history and prescriptions of patients receiving HCV antivirals between 1 November 2002 and 31 December 2020 were reviewed. Moreover, the following data were collected: age, gender, HIV serology, discontinuation or not of the treatment and sustained viral response (SVR) at 12–24 weeks after treatment end. This response was defined as undetectable HCV-RNA 12–24 weeks after treatment compliance. The role of the pharmacist was adherence and adverse effects monitoring and to undertake an educational work.

Results During the study 251 patients were treated, of which 33.4% were co-infected with HIV-HCV. Their average age was 43 years and 86.9% were males.

From 2002 to 2014, 33% of the 127 patients treated with interferon-based regimens were co-infected, and 50% of them obtained SVR, in contrast with mono-infected individuals, of whom 70.5% obtained SVR. Moreover, 28.5% co-infected patients did not respond to the treatment, 9.5% discontinued, 7.1% relapsed, 2.3% abandoned treatment because of intolerance and 2.3% were moved to another prison.

However, between 2015 and 2020, from the 34.4% co-infected patients (from a total of 125) treated with interferon-free regimens (DDA), 95.2% obtained a SVR, meanwhile 92.5% of the mono-infected individuals obtained SVR. One of the co-infected patients relapsed and another obtained a response of breakthrough.

Conclusion and relevance The efficacy of antivirals in co-infected patients has increased due to the implementation of improved treatment guidelines, reaching more than 95% SVR with DDA, which approximates to the rates in the rest of the population. Treatment access for all patients and high treatment efficacy has led to 0% prevalence in this prison.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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Conflict of interest No conflict of interest

4CPS-110

INITIAL EXPERIENCE OF THE USE OF CEFIDEROCOL FOR MULTIDRUG RESISTANT INFECTIONS IN A UNIVERSITY HOSPITAL

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Background and importance Recently new antibiotics were introduced in our hospital formulary for the treatment of serious infections caused by multidrug-resistant (MDR) organisms (CRE, ESBL, MDR-PA, CRA-AB). Cefiderocol, thanks to its