Adherence was measured by the PREDIMED questionnaire. Quality of life was determined by: Visual Analog Scale for Pain (VAS), Checklist Individual Strength (CIS) and The Functional Assessment of Chronic Illness Therapy–Fatigue (FACIT-F). Information sources: electronic prescription and computerised medical record. Statistical analysis with R software.

Results 66 patients were included (50% women), median age 48 (IQR 38-56). Median BMI 26.3 (IQR 26-39.1). Most frequent diseases: rheumatoid arthritis (18), Crohn’s disease (10), ankylosing spondylitis (8) and multiple sclerosis (7). 42% of patients had no previous comorbidity, 28% had arterial hypertension, 13.6% hypercholesterolemia and 6% depression. The median diagnosis year of the disease was 2012 (IQR 2002-2016). 37.8% of patients have had two lines of treatment, 24.2% three lines, 4.5% four lines. The most frequent drugs were anti-TNF therapy (19 adalimumab, 4 certolizumab, 4 etanercept), tocilizumab (5) secukinumab (4) and tofacitinib (4). Median scale VAS was 4 (IQR 1-6), CIS 83 (IQR 76-91) and FACIT-F 16 (11-24). Median of the PREDIMED questionnaire was 7 (low dietary adherence). No statistically significant differences were found between adherence to the Mediterranean diet and scores on quality of life questionnaires. Statistically significant differences were found with calprotectin levels and glomerular sedimentation volume. 78.7% of patients are not aware of foods with potential anti-inflammatory properties and 87.8% would like to receive dietary recommendations from healthcare professionals.

Conclusion and Relevance Although more studies are needed to link diet to autoimmune diseases, it is true that an appropriate diet reduces the risk of multiple pathologies. Patients demand information and as health professionals we must give it to them and reinforce adherence to good dietary patterns such as the Mediterranean diet.

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6ER-009 CORRELATES OF ONE-YEAR MORTALITY AMONG PATIENTS LIVING WITH HIV ACCORDING TO THE STRATIFICATION LEVEL OF THE PHARMACEUTICAL CARE MODEL
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Background and Importance The success of highly active antiretroviral (ARV) therapy has allowed people living with HIV (PLWH) to have a near-normal life expectancy. However, the increase in life expectancy has generated a new set of challenges in these patients, who often experience age-related comorbidities and, with it, polypharmacy with the negative consequences that this entails.

Aim and Objectives To analyse the effect that the level of stratification has on mortality results at one year and develop a predictive model in PLWH on active ARV

Material and Methods A single-centre, cross-sectional study that included PLWH on active ARV who attended Pharmaceutical Care outpatient between 1 January and 15 March 2021 and were followed up for a period of 1 year. Demographic, clinical, pharmacotherapeutic variables were collected and pharmaceutical care, level of stratification (according to HIV patient model published by SEFH). A survival analysis was performed to assess how the level of stratification predicted mortality at one year. The survival rate was estimated using Kaplan-Meier and differences between levels were evaluated using a log-rank test. After verifying the proportional hazard assumption, a Cox regression was run to estimate hazard ratios (HR). To evaluate the discriminatory power of the model, the calculation of the area under the ROC curve (AUC-ROC) was carried out. The analysis was carried out using the SPSS v.28.0 software.

Results A total of 428 PLWH were included. More than 90% of the patients had adequate immunovirological control. The distribution of patients according stratification model was: level 3 (83%), followed by 12% and 5% for level 2 and 1, respectively. At the end of follow-up, 5 patients died. The results of log-rank analysis showed significant differences regarding level of stratification for mortality at one year (p=0.02). Cox regression identified level of stratification as a risk factor for mortality, where patients stratified as level 1 had a 99.7% higher risk (HR: 0.003; 95% CI: 0.001-0.027). The AUC-ROC was 0.98 (95% CI: 0.96-1.00).

Conclusion and Relevance Patients classified as level 1 in pharmaceutical care stratification model have a higher risk of mortality at one year. The predictive model developed highlights the importance of this concept and the need for both individualised pharmaceutical care and comprehensive monitoring.