Results Cidofovir ILIs were prepared by diluting a vial of cidofovir 375 mg in 60 ml of 0.9% sodium chloride, obtaining a final concentration of 6.25 mg/ml. Of these 60 ml, 5 syringes of 12 ml were loaded (75 mg of cidofovir in each one), which have a stability of 5 months refrigerated (2–8°C), according previous studies.

Intralesional cidofovir treatment started in February 2022. After three drug administrations, a significant improvement in lesions was described by a reduction in both their volume and extension. A bad odor of superficial exudate was also reported, which was solved with first polymyxin and later fusidic acid, both administered topically, twice a day. The patient presented good tolerance to injections, only requiring local anesthesia with lidocaine for pain.

Conclusion and Relevance This is the first case of use of this formulation of cidofovir ILIs in a patient with anogenital condylomatosis and immune deficiency. Previously, it was used in other manifestations of HPV infection. The formulation also proved to be stable, well-tolerated, and easy to prepare. Therefore, this therapy may be considered a reasonable option for the treatment of HVP condylomatosis when other treatments seem ineffective.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

5PSQ-131 LETERMOVIR, GANCICLOVIR AND IMMUNOGLOBULINS COMBINATION TREATMENT IN AN IMMUNOCOMPROMISED PATIENT WITH CYTOMEGALOVIRUS INFECTION: A CASE REPORT

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10.1136/ejhpharm-2023-eahp.461

Background and Importance Cytomegalovirus (CMV) is one of the most common pathogens in immunocompromised patients. Patients who develop severe CMV infection should be treated with antiviral agents until symptoms are resolved and plasma CMV load is controlled. Management of these patients is sometimes difficult due to resistance or ineffectiveness.

Aim and Objectives To describe the response to combined treatment with letermovir, ganciclovir and anti-CMV immunoglobulins (Ig) for CMV infection in an immunocompromised patient refractory to monotherapy treatments.

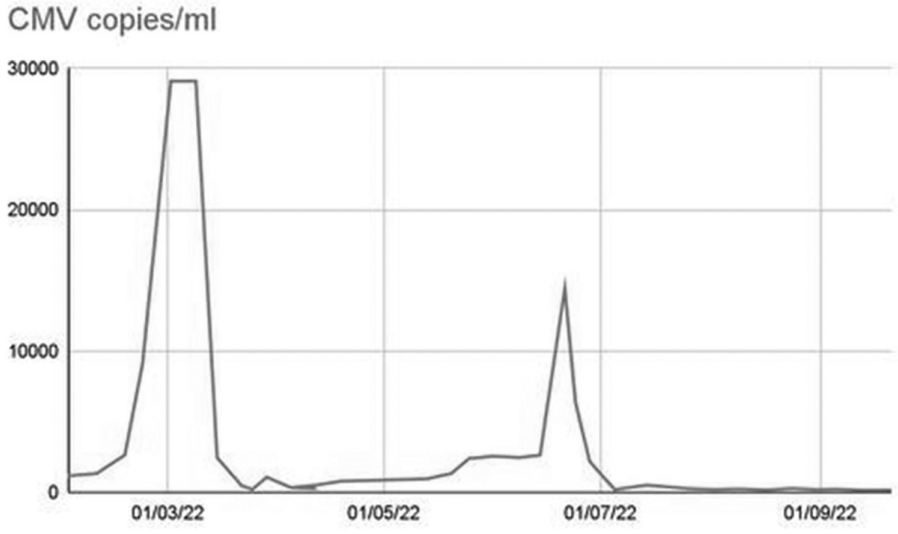
Material and Methods We describe the case of a 72-year-old male diagnosed with Good's syndrome (thymoma-associated immunodeficiency), who developed enterocolitis and systemic infection by CMV. Initially, treatment with IV ganciclovir produced clinical and virological response, but later relapse occurred and resistance to ganciclovir was detected. IV Foscarnet was initiated, obtaining response. After switching to oral letermovir (secondary prophylaxis) having low plasma CMV levels, the patient showed virological failure and foscarnet therapy was reinitiated. After a transient response, foscarnet proved to be insufficient (alone or in combination with ganciclovir) to stop a progressive rise in CMV plasma levels. To control CMV and facilitate intravenous to oral switch, combined treatment with oral letermovir and IV ganciclovir was proposed, added to anti-CMV Ig that the patient was already receiving monthly since the onset of CMV infection.

Effectiveness of this triple therapy was assessed by reduction of CMV plasma load.

Results When absence of letermovir resistance was confirmed, combined off-label use of letermovir, ganciclovir and anti-CMV Ig was approved. The authorisation was based on the absence of therapeutic alternatives and the support of several cases reflecting the good results of this triple therapy.

Despite an initial peak in CMV viral load, triple therapy exhibited a good virological response (CMV <1000 copies/ml) and tolerance. No renal or bone marrow toxicity was detected. IV Ganciclovir was later replaced by valganciclovir for home treatment, maintaining low levels of CMV <300 copies/ml.

Conclusion and Relevance This is the first case of letermovir-ganciclovir-antiCMV Ig combined therapy in a patient with acquired immune deficiency. Previously, it was used in a small cohort of transplant patients. Therefore, this triple therapy should be considered as a possible therapeutic



Abstract 5PSQ-131 Figure 1

alternative for refractory CMV infection, even if resistant to ganciclovir.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

5PSQ-142 EVALUATION OF ADEQUACY, ADHERENCE AND SAFETY OF HUMAN IMMUNODEFICIENCY VIRUS POST-EXPOSURE TREATMENT

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10.1136/ejhpharm-2023-eahp.462

Background and Importance Preventing human inmunodeficiency virus(HIV) transmission is a major public health challenge. Consideration is given to the role of post-exposure treatment(PEP) of HIV prevention strategies.

Aim and Objectives To describe the adequacy, adherence and safety of PEP.

Material and Methods A retrospective observational study conducted in a tertiary hospital: patients older than16 years old treated with PEP who consulted to emergency department(ED) January2021-july2022. Sex, age, risk and type exposure, adequacy of PEP based in clinical guidelines (<72 hours to start PPE, combination:EMTRICITABINE/TENOFOVIR/RALTEGRAVIR), previous PEP, HIV-status source, basal/monthly serology, dispensing-shift, suitable patient for pre-exposure treatment(PrEP), adherence, completeness and safety of PEP were collected as variables. Statistical analysis was performed using Stata MPv17.0.

Results 70 patients(67.14% men; median age 24.44, Interquartile range[IQR:21.69–35.91]) visited de ED 77 times to get PEP: 5/70(7.14%) presented twice and 1/70(1.43%) three times. 13/70(18.57%) were suitable to start PrEP and 1/13 had already started PrEP.

67/77(87.01%) of dispensing treatment were carried out in our centre and 70/77(90.90%) were the standard combinations. Exposure risk were: 36/77(46.75%) low, 32/77(41.56%) minimum, 7/77(9.09[CU1]%) high and 2/77(2.60%) unknown. Of all, only 3/77(3.89%)PEP were not adequate according clinical guidelines. All patients were provided by pharmaceutical care and a large proportions of all PEP visits 46/77 (59.74%) were between 10pm-8am.

75/77(97.40%) of exposure were non-occupational: 54/75 (72%) sexual exposure, 18/75(24.00%) suspected sexual aggression and 3/75(4.00%) accidental puncture. Most of HIV-status of the source were unknown(63/77;81.82%), followed by positive status(12/77;15.58%) and negative status (2/77;2.60%). HIV serologies at the baseline were negatives(72/77) or unknown(4/77) except 1 who had positive status. In the monthly serology, most of the patients had a negative result(55/76) or unknown due to loss of follow-up(LFU)(21/76).

After finishing PEP, 60/77(77.92%) patients had adherence, 8/77(10.39%) had no-adherence and 12/77(15.58%) unknown because of LFU.

21/77(27.27%) PEP were not finished due to LFU(15/21;71.43%), medical decision (5/21;23.81%) or treatment intolerance(1/21;4.76%).

Side effects(SE) were reported in 24/77(31.17%):(4;16.66%) patients reported moderate SE[CU2].

Abstract 5PSQ-142 Table 1

SE	%
GASTROINTESTINAL	65.62
CENTRAL NERVOUS SYSTEM	19.35
PSIQUIATRIC	6.45
GENERAL DISORDERS	6.45

Conclusion and Relevance In summary, PEP decision-making was adequate in the majority of visits. It should be noted the large number of patients who are LFU[CU1] . Therefore, work should be done to avoid such losses.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

6ER-002 WHAT'S ANOTHER PEER? EXPLORING THE USE OF NEAR PEER TEACHING OF MEDICATION HISTORY TAKING IN PHARMACY UNDERGRADUATES IN THE UK

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10.1136/ejhpharm-2023-eahp.463

Background and Importance Ten Cate and Durning (2007)[1] propose that a fundamental goal of higher education is to achieve 'progressive independence of the learner'. They argue that when fostering independent thought and decision-making, learning may also incorporate elements of teaching and mentorship. One way to achieve this is to facilitate the teaching of others or the concept of 'peer' or 'near peer' teaching (NPT). Final year pharmacy students were introduced to the concept of NPT via a workshop and then taught second year pharmacy students completing medication histories on placement.

Aim and Objectives To explore final year undergraduate pharmacy students' experiences of near peer teaching as part of their hospital experiential learning programme.

Material and Methods This qualitative study involved the use of a focus group in February 2022, with eight final year students who had taken part in NPT on placement in December 2021. A topic guide directed the discussion of the focus group which was digitally recorded. The data was transcribed verbatim, and the transcript analysed using Thematic Analysis.[2]

Results Four main themes were identified from the analysis. The theme of 'relationships' had subthemes of 'trust', 'role modelling' and 'being valued'. The theme of 'emotions' had subthemes distinguishing negative and positive feelings as a result of feedback. The theme of 'curriculum and organisational culture' had subthemes of 'timing' and format of feedback' and 'feedback literacy'. Finally, the theme 'views of peer teaching' had the subthemes of 'power' and 'two-way learning'.

Conclusion and Relevance Final year pharmacy students demonstrated an appreciation for the teaching activity, stating it had improved their confidence and enhanced their professional identity. They indicated that their second year peers benefitted from the activity as they learnt to take accurate medication histories. As the UK Pharmacy degree will be updated in line with new standards this year, it is imperative that students