The collaboration pneumology-pharmacy allows the identification of patient candidates for optimisation, managing to optimise almost 1 out of every 3 patients in treatment with monoclonal antibodies.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

4CPS-120 ADVERSE EFFECTS OF ANTIRETROVIRALS: EXPERIENCE OF PATIENTS. «TALK ABOUT IT TO BETTER MANAGE IT»

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Background and Importance Antiretroviral (ARV) drugs are used in the treatment and prevention of HIV infection, they have improved the prognosis of the disease.[1]

However, ARVs expose to many adverse effects, which can compromise the quality of life and vital prognosis.[2]

Aim and Objectives The aim of this study is to evaluate the frequency and intensity of the adverse effects of ARVs observed with PLHIV (people living with the human immunodeficiency virus) and the action to be taken in order to reduce these effects.

Material and Methods It is a prospective study conducted over a period of 3 months on 40 patients consulting for HIV in the infectious disease department.

Data collection was done using a questionnaire: a collection sheet with 2 sections:

- the frequency and intensity of adverse effects of ARVs
- what to do to reduce the adverse effects of their antiretroviral treatment.

The data collected was entered into a database (Excel 2007).

Results The sample is composed of 45% (n=18) women and 55% (n=22) men.

The main adverse effects of ARVs observed with PLHIV are dizziness with a frequency of (F=92%) and intensity (I=85%), diarrhoea (F=80%, I=75%), headache (F= 78%, I= 69%), sleep disorders and skin problems.

52.5% of patients are uninformed on how to reduce side effects.

40% stopped their treatment due to adverse effects, 50% chose the self-medication and others consulted specialist doctors because, for them, certain effects are not considered as warning signs.

Only 10% of patients feel that side effects are well managed, whereas a remarkable percentage of 77.5% are 'without opinion'.

Conclusion and Relevance Most PLHIV do not talk about their side effects to their doctor or pharmacist despite their high frequency and intensity. It is urgent to strengthen and improve information to patient on the management of adverse effects and especially to pass from information to therapeutic education.

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4CPS-121 ANALYSIS OF THE USE OF INTRAVENOUS IRON IN OUTPATIENTS

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Background and Importance For the last several years, there has been a growing tendency of administering ferric carboxymaltose in hospitals. This study has been carried out due to the fact that intravenous iron treatments require very specific occasions.

Aim and Objectives Evaluating the amount of ferric carboxymaltose administered to outpatients.

Material and Methods A retrospective, descriptive study. All patients administered with intravenous ferric carboxymaltose from January 2022 to June 2022 were included.

The following data was collected: demographic parameters (age and sex), clinics and blood test: administered dose, haemoglobin, iron profile, comorbidities that affect said profile (kidney failure, heart failure, immune-mediated disorders, oncological procedure, infection) and the concomitant use of oral iron.

The indication was assessed following the data sheet. Cases with discrepancies were revised by the haematology ward. It was checked whether a control blood test had been carried out within three months and whether iron overload had occurred.

Results 273 patients were included, 60% were women with an average age of 63,7 ± 19,03 years old. 26.4% of patients had normal values of haemoglobin. 79.9% of patients had their iron profile requested. 26.4% had an oral iron treatment and 12.1% had it prescribe it afterwards. In 29.7% of patients, the treatment's effectiveness was not proven since there was not a subsequent analysis within the next three months. An iron overload after the intravenous iron treatment was noticed in 2.2% of patients.

26% of treatments were not indicated: 8.3% due to the brief duration of the oral treatment, 56.3% due to the inexistence of a previous iron profile and 35.2% since an iron deficiency was not found.

Conclusion and Relevance This study concluded that a high percentage of patients received intravenous iron treatment when it was not indicated. The main reasons were the lack of an iron profile and the absence of a previous oral iron treatment. An intravenous iron usage protocol should be set in motion in the hospital to ensure its correct use and to carry out a subsequent study to analyse the results after its implementation.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest