

Aim and Objectives The objective is to study how adherence to antiretroviral treatment was affected in HIV-positive patients during the months of the first alarm state in Spain (March 14 to June 21 2020); because during those period ART was home dispensation.

Material and Methods Observational retrospective study, included patients HIV-positive who received ART during the first alarm state in Spain during COVID-19 pandemic and in the same period of 2019.

Collected data were: sex, age and variables related to pharmacological treatment (ART in the selected periods, number of dispensations made, galenic units dispensed).

To measure adherence, an indirect method was used, comparing the dispensations made in the hospital pharmacy of the hospital of León during the studied period and the same dates of the previous year.

$\% \text{ adherence} = [\text{dispensed galenic units/planned galenic units}] \times 100$

Results We analyse 444 patients with a median age of 54 years (45-59) being 77.93% (n=346) men.

During the study period 83 patients (18.69%) changed their ART. 38.55% (n=32) carried out a simplification of ART in 2020 (from a treatment based on several pharmaceutical forms to a treatment based on a single one).

The mean adherence in the periods studied in 2019 and 2020 was 91.89% (CI 90.44-92.90) and 90.25% (CI 87.61-92.90), respectively. In 2019, 67.12% (n=298) of patients had adherence greater than 95%, compared to 86.71% (n=385) in 2020.

For 38 patients there are no medication dispensations during the 2020 period. Of the majority (n=27) the reason for the absence is unknown; 6 were not disposed of from the hospital of León for spending the confinement outside the city; 4 have died and 1 did not accept home dispensation.

Conclusion and Relevance The implementation of home dispensing could have positively influenced adherence in HIV-positive patients. It is necessary to evaluate in the future that the implementation of new telepharmacy programmes can have a positive influence on adherence.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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Conflict of Interest No conflict of interest

4CPS-192 ANALYSIS OF ADHERENCE AND ASSOCIATED RISK FACTORS IN MULTIPLE SCLEROSIS PATIENTS UNDER DISEASE-MODIFYING THERAPY

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Background and Importance Multiple sclerosis (MS) is one of the most frequent causes of disability among young people. Understanding patients' adherence to treatments is of great importance to assess the effectiveness and safety of the prescribed treatments.

Aim and Objectives To analyse the adherence of patients with MS that were prescribed with disease-modifying treatment (DMT) and to identify risk factors.

Material and Methods A retrospective observational study was conducted including MS outpatients under active DMT in 2021. Variables collected: gender, age, drug type (subcutaneous interferon beta 1b, intramuscular interferon beta 1a, subcutaneous interferon beta 1a, teriflunomide, dimethyl fumarate, fingolimod), route of administration (oral vs parenteral), polypharmacy (> 5 drugs/day), adverse effects (AEs), type of MS (relapsing remitting MS -RRMS-, secondary progressive MS -SPMS-, primary progressive MS -PPMS-), time course, Expanded Disability Status Scale (EDSS) score at onset of DMT, number of previous flares and hospitalisations, and comorbidities.

Adherence was calculated through the Medication Possession Ratio (MPR) using pharmacy dispensation record database. Good adherence was considered $\text{MPR} \geq 80\%$. A statistical analysis was performed with IBM SPSS Statistics v21.0.

Results A total of 214 patients were included [(62.1% female), mean age 43.9 (SD 9.7) years].

The most prescribed drug was teriflunomide (26.6%), followed by dimethyl fumarate (20.6%), subcutaneous interferon beta 1b (14.5%), glatiramer acetate (12.6%), fingolimod (12.1%), intramuscular interferon beta 1a (7.0%), and subcutaneous interferon beta 1a (6.5%). The most frequent route of administration was oral (59.3%) vs parenteral (40.7%). 38.3% of patients were polymedicated and 53.7% suffered AEs.

95.3% of patients had RRMS and 4.7% had SPMS. Median time with MS was 11 (0.2 - 45) years and median EDSS was 1.5 (0 - 8). Previous flare-ups were 51.4%, hospitalisations 39.3% and comorbidities 79.4%.

Good adherence ($\text{MPR} \geq 80$) was determined for 89.7% of the patients. Median MPR was 100 (19 - 100).

Adherence was influenced by route of administration ($p=0.024$) and comorbidities ($p=0.014$) with statistically significant differences. A statistically significant difference was not observed for the any other variable.

Conclusion and Relevance Adherence was satisfactory in most patients. Determining modifying factors of adherence is important to identify patients at risk of non-adherence who shall receive personalised pharmaceutical care and optimised treatment.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

4CPS-193 SUITABILITY OF THE DUAL ANTIPLATELET THERAPY TO THE GUIDELINES OF EUROPEAN SOCIETY OF CARDIOLOGY IN ACUTE CORONARY SYNDROME

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Background and Importance The dual antiplatelet therapy (DAPT) consisting of acetylsalicylic acid plus one P2Y12 platelet receptor inhibitor represents the first line to treat patients with diagnosis of acute coronary syndrome (ACS).

Aim and Objectives To review the DAPT prescribed to patients with ACS admitted in a third level hospital and to assess their