

**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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2. <https://iris.paho.org/bitstream/handle/10665.2/51947/2020-cde-coronavirus-disease-hiv.pdf?sequence=1&isAllowed=y>

**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

adequacy grade to the European guidelines of cardiology (ESC).

**Material and Methods** Observational and retrospective study done between January-June 2022 where data for patients with ACS diagnosis: unstable angina(UA) or myocardial acute infarction with and without ST elevation (STEMI, NSTEMI) have been collected. Studied variables were demographic and clinical information (diagnostic, treatment, cardiovascular risk factors(CVRF)). For each patient ischemic and haemorrhagic risk have been calculated (using GRACE and CRUSADE score). Patients with 3 or more of the CVRF described have been considered fragile patients. ESC guidelines established the appropriate DAPT for each patient according to the ACS's type and patient's ischemic-haemorrhagic risk. Adequacy was assessed in terms of compliance or non-compliance with these recommendations.

Data were exported from medical history thanks to SAP® informatics' tool and Silicon® electronic prescription program. Statistic analysis was made by Stata.v.15.0®. Qualitative variables were expressed in percentages and absolute frequencies. Quantitative ones like average ± standard deviation.

**Results** A total of 95 patients were diagnosed with ACS 74,74% (71) of which were men with an average age of 64,38 ± 12,77 years, the 7,37% (7) with UA, 44,21% (42) NSTEMI and 48,42% (46) STEMI. All were under treatment with DAPT and moreover the 21,05% (20) were anticoagulated after percutaneous coronary intervention. The 51,58% (49) were low, 33,68% (32) medium and 14,74% (14) high ischemic risky patients. Regarding the bleeding risk the 53,86% (51) were low, 23,16% (22) medium and 23,16% (22) high.

The 37,89% (36) of the prescribed treatments weren't complying with the recommended DAPT in ESC guidelines according to ACS's type and patient's risk factors. By diagnosis, in 42,85% (3/7) of UA patients, 42,85% (18/42) of NSTEMI and 30,43% (14/46) of STEMI the prescriptions did not conform to guidelines.

**Conclusion and Relevance** Percentage of non-adequacy of prescribed DAPT to recent published ESC guidelines is considerable, leading to disparity of criteria with guidelines and between professionals and possible treatment's inequity between patients. Future studies could explore the importance of pharmacist integration and validation to avoid reported discrepancies.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

**Conflict of Interest** No conflict of interest.

4CPS-194

#### BASELINE AUDIT OF POTENTIAL TO OPTIMISE THERAPY THROUGH USE OF SGLT2I IN A COHORT OF PATIENT ADMITTED WITH AN ACUTE MYOCARDIAL INFARCTION

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**Background and Importance** There are around 100,000 hospital admissions each year in the UK due to acute myocardial infarctions (AMI). Co-morbidities in those with ischaemic heart disease are common and include heart failure, diabetes and chronic kidney disease (CKD), the interplay between these conditions being recently termed cardiometabolic syndrome.

Recent updates in UK NICE guidance support the use of SGLT2i for those with type II diabetes (T2DM) and cardiovascular (CV) risk, for treatment in those with heart failure with reduced ejection fraction and most recently for CKD.

**Aim and Objectives** Assess patients at a large London based cardiovascular centre, being previously discharged with a diagnosis of AMI to identify the opportunity to optimise therapy through prescribing SGLT2i.

**Material and Methods** Retrospective analysis of patients admitted with an AMI between January and October 2021 at a large London based cardiovascular centre to compare the optimisation of SGLT2i at discharge (DC) and at 12 months in those with cardiometabolic risk factors (i.e T2DM, HF and CKD).

**Results** 450 patients with AMI were followed during 1 year, average aged of 57.3 years old with 84% male, T2DM (25.7%), HF (23.5%), CKD (10%), 43% smokers and 3% with AF.

At discharge, SGLT2i were prescribed in 4.6% of all AMI patients. In patients with T2DM, HF and CKD, the respective rates of SGLT2i at discharge were 18%, 3.7% and 2.2%.

At 12 months post-discharge, T2DM increased to 28% (11 newly diagnosed), 23.5% of patients with HF and 16% with CKD (26 patients newly diagnosed). SGLT2i were prescribed in 10.4% of patients with respective rates of 30%, 16% and 11.1%.

**Conclusion and Relevance** This data supports an opportunity to improve SGLT2i prescribing in our post-MI cohort with additional cardiometabolic risk factors. There was a small increase in prescribing noted after 12 months but recent updates in UK policy would support a wider adoption of SGLT2i use, in particular noting the high rates of T2DM and HF seen in the post-AMI group. Strategies to facilitate optimisation include protocolisation of initiation, communication for 1ry care physicians to start shortly after discharge and consideration of earlier initiation prior to discharge in those with cardiometabolic risk factors.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-195

#### E-LUNGING: EVALUATION OF AN E-LEARNING PROGRAM INTENDED FOR HEALTHCARE PROFESSIONALS REGARDING THE MEDICATION OF LUNG TRANSPLANT PATIENTS

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**Background and Importance** Our institution is specialised in lung transplantation (LT). The drugs associated with this procedure are numerous and of complex management. However, the long-term success of LT is directly linked to patient adherence. In our institution, nursing staff turnover is frequent, and the replacement staff is not always specialised in LT. This observation led to the development, in collaboration with the medical and nursing teams, of an online training program (e-learning) for health care staff, intending to reinforce the appropriate use of transplant drugs and better respond to patients' queries.