

without antibiotic. Amoxicillin-clavulanic acid was most commonly used (59.2%). Antibiotic treatment duration 6.64 days (SD 4.40). Seven complications secondary to antibiotics. Antibiotic indicated in 28 patients (10.5%). 30 patients (11.2%) changed ventilatory modality, 21 patients (7.9%) were admitted to the ICU. 97 patients (36.3%) died (days until death 5.75 days), of which 75 (77.1%) received antibiotics.

**Conclusion and Relevance** Prophylactic antibiotics during acute aspiration do not reduce mortality or the need for ICU admission, but rather increase the need to change ventilation modality. The hospital stay in prophylactic antibiotic therapy is longer compared to patients who do not receive antibiotics.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

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

#### 4CPS-206 PRE-EXPOSURE PROPHYLAXIS, ARE WE DOING IT RIGHT?

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**Background and Importance** The United Nations General Assembly established that a fast response was required to end AIDS epidemics by 2030. Pre-exposure prophylaxis (PrEP) involves reducing the risk of acquiring HIV. However, a main apprehension exists with regard to risk compensation, concerning that PrEP decreases the condom use and increases sexually transmitted infections (STI). Similarly, to the aforementioned goal, by 2030, the WHO's proposed a 90% reduction in the syphilis and gonorrhoea incidence. Regarding PrEPs increasing use, it is important to assess our standpoint and how to improve.

**Aim and Objectives** Characterise and assess the PrEP using population regarding demographics, adherence, STI prevalence and HIV infection.

**Material and Methods** Retrospective study of PrEP prescribed patients, between 2017–2022 (minimum 6-month period intake). Population characteristics, post-exposure prophylaxis history (PEP), PrEP regimen, adherence, therapeutic suspension and their causes, seroconversion and STIs (chlamydia, syphilis, gonorrhoea, trichomoniasis, Mycoplasma genitalium), were analysed and confronted with our country's latest report of STI notification.

**Results** We analysed 392 patients (97% male; 91.7% male sex with male), with a medium age of 37 years, mainly from Portugal (52%) and Brazil (33.7%). Only 14.3% did PEP, meaning that 85.7% started PrEP straightaway. The majority (91.6%) were on a daily regimen. The STI prevalence was 73.4% (gonorrhoea 46.2% and chlamydia 38.3%). The Covid-19 pandemic had little effect on adherence, increasing PrEPs use (proportion days covered =82.8%). Only two patients tested positive for HIV. Suspension rate was 28.1% in which 50.5% of causes were traceable (four patients due to adverse effects).

**Conclusion and Relevance** PrEP demonstrated high tolerability and efficacy but had a big prevalence of STIs among PrEP users. Between 2015–2017 nationwide, 4819 cases of chlamydia, gonorrhoea, and syphilis were reported, comparing to 463 patients of a regional hospital, even acknowledging a

wider period. Access difficulties might be the cause of high suspension rate, despite free supply. Hospitals are assuming an increasing burden of costs, leading to monthly supply of increasing patients, investing in HIV prevention but promoting STIs. We can engage with prescribers to start pharmaceutical appointments to promote behavioural changes concerning STIs and to educate for the need of maintaining PrEP adherence. Simultaneously, we can give educational materials and health lectures.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

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

#### 4CPS-207 EVALUATION OF PROSTATIC SPECIFIC ANTIGEN DEPLETION WITH ABIRATERONE AS A PRONOSTATIVE FACTOR FOR SURVIVAL IN METASTATIC CASTRATION-SENSITIVE PROSTATE CANCER

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**Background and Importance** In the literature, there is an indicator of response to treatment with enzalutamide and apalutamide, defined as PSA90, for patients with metastatic castration-sensitive prostate cancer (mCSPC). However, no early response marker to abiraterone treatment in the setting of synchronous mCSPC has been described.

**Aim and Objectives** The aim was to analyse the deep prostatic specific antigen (PSA) response in patients with mCSPC treated with abiraterone.

**Material and Methods** Retrospective analysis of patients with metastatic mCSPC treated with abiraterone according to the LATITUDE clinical trial criteria (2 of 3 criteria: bone metastases  $\geq 3$ , Gleason score  $\geq 8$  or presence of visceral metastases), in our centre from September 2017 to January 2023. Data collected for each patient were: age, PSA at baseline (PSA0), percentage of PSA decline after  $14 \pm 7$  days since the start of abiraterone treatment (%PSA), Gleason score at baseline (GS), type of metastases, event (defined as progression or death) and progression-free survival (PFS). Receiver operating characteristic (ROC) curve was used to evaluate the optimal PSA cut-off point to identify a greater possibility of response. Event-time distributions were estimated using Kaplan-Meier methodology. Log-rank tests were used to test for differences in event-time distributions. All p-values are 2-sided and CIs are at the 95% level, with significance pre-defined to be at the 0.05 level.

**Results** Data from 41 patients were analysed, of which there was no biochemical response in five of them. Table 1 shows the median and standard deviation of the variables analysed.

**Abstract 4CPS-207 Table 1**

Age	69 ± 7,5 years
PSA0	3,67 ± 566,8 ng/mL
%PSA	47,7 ± 24,32%