(MD). They have been studied in statin-intolerant patients, in combination with a statin or as monotherapy and have been shown to reduce LDL cholesterol by 50–70% overall.[1]

Aim and Objectives The analysis aimed to evaluate, by checking AIFA monitoring registers, the efficacy of alirocumab and evolocumab and the therapeutic adherence in patients who completed the treatment for primary hypercholesterolaemia or mixed dyslipidaemia.

Material and Methods The C-LDL and C-HDL values at the beginning and at the end of treatment were compared as therapy efficacy indicators. In addition, comorbidities and concomitant therapies were analysed. The data reported refer to the overall average duration of treatment for each patient.

Results Of the 37 patients (mean age 63 years, 36–81), 28 received alirocumab and nine received evolocumab. The average duration of treatment was 34.7 months (4.6–73,9) and 76% had at least two comorbidities. Also, 83,8% of patients were taking ezetimibe, 19% rosuvastatin and 13,5% atorvastatin. 57% of the sample was eligible for noFH, 32% for MD and 11% for HeFH. The mean C-LDL reduction from baseline after therapy with alirocumab was 39,9% while with evolocumab it was 42,8%. An average C-HDL increase of 13% occurred in both therapies.

Conclusion and Relevance Anti-PCSK9 are effective in reducing C-LDL levels: a 40% reduction was reported for alirocumab 75 mg over an average of 35,5 months of treatment (2–62,3), 41% for alirocumab 150 mg over 35,2 months (10,8–64,9) and 42,5% for evolocumab over 34,7 months (8–73,9). These values are lower than those of the registrative clinical studies although they refer to shorter treatment periods (2–3 months). These data suggest that in addition to efficacy, it is important to monitor patients' adherence and tolerability: in the former case, 76% of patients changed therapy after an average of 355 months and in the latter case, 13.5% discontinued therapy due to the occurrence of adverse reactions after an average of 17,7 months.

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Conflict of Interest No conflict of interest.

5PSQ-059 STUDY OF THE USE OF CEFTAZIDIME/AVIBACTAM IN A FIRST-LEVEL HOSPITAL

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10.1136/ejhpharm-2024-eahp.393

Background and Importance Ceftazidime/avibactam is a combination antibiotic treatment considered to be of restricted use due to its novelty and low resistance. Its use is justified as a targeted therapy in the presence of multi-resistant gram-negative aerobic bacteria according to the antibiotic optimisation programme protocol.

Aim and Objectives To analyse the use and prescribing services of ceftazidime/avibactam in inpatients during 365 days.

Material and Methods A retrospective and descriptive observational study of the use of ceftazidime/avibactam during a 24-month period in the Hospital Universitario Torrecárdenas was carried out, analysing 46 patients. Data were extracted from the clinical database of the Andalusian Health System (Diraya), the database of the laboratories of Almeria (Modulab) and the location of the treatment was consulted in the Dominion – Unidosis database.

Results The group analysed consisted of 46 patients of whom 16 died, and of the total of 30 survivors, four were still in hospital at the time of the study.

The group consisted of 26% women and 74% men. Mortality in females was 33% compared to 35% in males. Total mortality was 37%.

Of the total, 48% received a targeted treatment for a multi-resistant bacterium, with 10% prescribed by the infectious disease service and 38% by other services. Only 28% were targeted treatments for multi-resistant gram- resistant bacteria.

In contrast, 52% of the total received ceftazidime/avibactam as empirical treatment. In 37% of the empirical cases the bacteria were found to be non-resistant.

Of the 48% of targeted treatments:

20% of gram-positive
1 Staphylococcus petrasii
5 Staphylococcus epidermidis MRSA
2 Staphylococcus haemoliticum MRSA
1 Staphylococcus aureus MRSA

28% of gram-negative
7 Pseudomona aeruginosa mR
1 Escherichia coli OXA-48
1 Klebsiella pneumoniae BLEA
1 Enterococcus faecium VanR
3 Stenotrophomonas maltophila

Conclusion and Relevance The data revealed by the study do not conform to the centre protocol highlighting its use as empirical and targeted treatment for gram-positives. Ceftazidime/avibactam is considered to be of extremely restricted use limited by antibiograms or sepsis codes in the presence of multidrug-resistant gram-positive bacteria.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

5PSQ-060 REAL-LIFE DATA ON THE EFFECTIVENESS AND SAFETY OF CABOTEGRAVIR/RILPIVIRINE IN A THIRD-LEVEL HOSPITAL

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10.1136/ejhpharm-2024-eahp.394

Background and Importance The combination of cabotegravir and rilpivirine (C/R) is the first commercialised long-acting injectable for treating HIV-1. Real-life data in Spain is still scarce.

Aim and Objectives To analyse the effectiveness and safety of patients treated with C/R in a tertiary hospital.

Material and Methods A descriptive observational study of patients treated with C/R from 1 February 2023 (date of inclusion in the Hospital Drug Guide) until 31 August 2023 in a tertiary hospital. All patients on an oral regimen and with an undetectable viral load (VL) were included. Those