clinical practice guidelines were reviewed, as well as specific articles.
Variables possibility of administration by feeding tubes, manipulative technique of the dosage form, dissolution medium, need to prepare a magistral formula in the Pharmacy Service, special administration conditions and compatibility with EN.
Results 31 TKI drugs were identified in our hospital. Of these, information was available for 24.

Of the drugs with information (possibility of administration by feeding tubes: 22; alternative dosage form exists: 1; no alternative exists: 1). By manipulative technique (crush and dissolve: 15; disperse without crushing: 7), dissolution medium (10–20ml of water: 6; >20ml of water: 5; acid and >20ml: 2; >40°C and 10–20ml of water: 3; >40°C and >20ml: 1; others: 5). 4 drugs require the preparation of a magistral formula in the Pharmacy Service. Special administration conditions (photoprotection: 3; 1: >8Fr feeding tubes: 1). 14 ITKs are compatible with EN; in the remaining cases, separate administration is recommended (1 hour before or 2 hours later).
Conclusion and Relevance Despite numerous sources of information, there is a 20% of TKI without evidence. Furthermore, compatibility with EN administration is based on analogy with oral forms of administration.

REFERENCES AND/OR ACKNOWLEDGEMENTS
No conflict of interest.
Conflict of Interest No conflict of interest.

5PSQ-087 ANALYSIS OF EFFECTIVENESS AND SAFETY OF TRALOKINUMAB IN MODERATE-SEVERE ATOPIC DERMATITIS

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Background and Importance Atopic dermatitis (AD) is a chronic inflammatory skin disease characterised by severe pruritus, eczema and xerosis. A systemic treatment option for moderate-severe AD is tralokinumab, a human monoclonal antibody targeting IL-13.
Aim and Objectives The aim of the study is to evaluate the effectiveness and safety of tralokinumab in patients with moderate-severe AD in three tertiary hospitals.
Material and Methods Observational, retrospective, multicentred study of patients treated with tralokinumab from April 2022 to September 2023. Variables collected: age, sex, previous treatments, initiation and duration of treatment, adverse effects (AE) and the severity of AD was analysed using the scales: *Eczema Area and Severity Index* (EASI) and *Body Surface Area* (BSA).

Effectiveness was evaluated assessing the number of patients with a reduction of at least 50% or 75% in the values of EASI (EASI50 and EASI75, respectively) and number of patients with a reduction in BSA, during week 16 approximately. Sources of information: application of electronic prescription Prisma® and computerised clinical history Diraya®.
Results We included 39 patients, of whom 32 (18 women, 14 men) had reached week 16 of treatment or higher, with an average age of 37.63 years (range 16–66 years) and with a median follow-up of 26.6 weeks. All received previous treatment with topical corticosteroids and cyclosporine, 11 had received treatment with dupilumab and 6 with JAK inhibitors.

The basal medium of EASI was 27.05 and after the assessment carried out, 33% (13/39) achieved EASI50 and 23% (9/39) EASI75. With a median dermatologist assessment of 20 weeks, the number of patients remaining on EASI50 was 11 and on EASI75 9. The basal median of BSA was 21, where 3 (8%) patients suffered an increase and 17 (44%) reduced it, reaching 7 of them to values of 0–1. 15 patients (38%) discontinued treatment, 14 due to lack of efficacy and 1 due to AE.

Four patients with AD were reported: syncope, respiratory infection, headache and conjunctivitis together with generalised xerosis, whose patient had to discontinue treatment.
Conclusion and Relevance Tralokinumab is an innovative alternative in patients with moderate-severe AD refractory to other therapies. More data on long-term efficacy and safety are needed.

REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of Interest No conflict of interest.

5PSQ-088 ADHERENCE TO ANTIRETROVIRAL THERAPY IN HIV PATIENTS

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Background and Importance The goal of antiretroviral therapy (ART) is virological suppression since subtherapeutic levels of antiretrovirals can lead to development of resistance. A correct adherence treatment is crucial to achieve that issue.
Aim and Objectives To identify the degree of adherence to ART in HIV-positive patients and analyse whether it is related to virological results and the type of ART used.
Material and Methods Retrospective observational study of HIV patients attended at our Pharmacy Outpatient Unit during the year 2022. The following variables were collected: sex, age, viral load (VL), type of ART (drugs, number of tablets), excluding those in treatment less of 6 months.

Adherence was estimated with the indirect method of the medication possession ratio (MPR), defined as the percentage of days covered with the dispensed medication compared to total days with the prescribed medication x 100. Good adherence was defined as an MPR 95–100%, intermediate adherence: MPR 80–95% and poor adherence: MPR<80%.
Results 53 patients were eligible for the study (69.8% men with a mean age of 49.2±10.3 years and 50.9±9.4 years in women), of which 84.9% received triple therapy, 11.3% double therapy and 3.8% monotherapy.

The overall mean adherence was 95.1±7.2% (95.7% in women and 94.9% in men), of which 67.9% had good adherence (52±10.2 years), 22.6% intermediate adherence (47±7.9 years) and 9.4% poor adherence(42±5.9 years).

VL was undetectable in 84.9% of cases (mean adherence 95.9%) and unknown in 9.4% during the study year. Only three patients (5.7%) were detectable, two with good adherence and one with intermediate adherence.

Regarding the number of daily tablets, adherence was good in patients who took 1, 2 and 3 tablets daily (95.3±7.3%)

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and intermediate in those who took 4 tablets daily (90.7 ±8.7%).

Conclusion and Relevance Most patients in our study have good adherence and it is higher in older patients and the less tablets daily they take. No relationship was found between patient gender and adherence. The cases of detectable VL were not associated with poor adherence to ART, which could be due to patient resistance or limitations of the adherence measurement method.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

5PSQ-089 OUTCOME OF MOLNUPIRAVIR TREATMENT IN RENAL TRANSPLANT PATIENTS WITH COVID-19

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Background and Importance According to the global recommendations for COVID-19 therapy, adult patients at risk of severe disease (including patients after organ transplantation) should be treated with antivirals: preferably nirmatrelvir/ritonavir (Paxlovid) or remdesivir (Veklury). Alternative choice is unlicensed use of molnupiravir (Lagevrio).

Aim and Objectives Our study focused on evaluating the effectiveness and safety of molnupiravir in patients with COVID-19 after successful kidney transplantation (KTx).

Material and Methods A cohort of 93 patients (62 males) was retrospectively evaluated, with 89.0% of patients having had a first KTx (the remainder having had a second KTx) and 39.0% with diabetes mellitus. The mean age of the patients at the time of molnupiravir therapy was 56 years (SD 12.9) and they received molnupiravir with mean of 2.24 days (SD 1.67) since confirmation of SARS-2-positivity. Immunosuppressive therapy was adjusted uniformly according to the site protocol and prednisone was increased for a maximum of two to three weeks. The safety of the proposed procedure concerning graft function and risk of rejection was evaluated based on the trend in creatininemia and urinary protein/creatinine index. Nonparametric Wilcoxon test was used.

Results The median serum creatinine value in the study population was 127 µmol/l (IQR 52) before COVID-19. Outpatient follow-up was within 1 month after quarantine with median 124 µmol/l post-disease creatinine (IQR 53,2). The difference in median creatinine values before and after molnupiravir therapy was not statistically significant ($p = 0.8175$). COVID-19 related hospitalisation occurred in 5.4% patients, one patient in the cohort died due to COVID-19 disease. Short-term discontinuation or modification of immunosuppression did not induce any rejection episode.

Conclusion and Relevance Our experience demonstrates that early initiation of molnupiravir may be an effective and safe therapy for COVID-19 disease in patients after kidney transplantation (where it is authorised in the Czech Republic until the end of 2023). Moreover, compared to Paxlovid, its use is not limited by drug-drug interactions and thus can be administered with calcineurin inhibitors.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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5PSQ-090 CAPSAICIN 8% PATCH IN TREATMENT OF PERIPHERAL NEUROPATHIC PAIN

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Background and Importance The International Association for the Study of Pain defines neuropathic pain as pain caused by a lesion or disease of the somatosensory nervous system, central or peripheral.

Capsaicin 8% cutaneous patch is indicated for the treatment of peripheral neuropathic pain (PNP) in adults either alone or in combination with other medicinal products for the treatment of pain.

Aim and Objectives This study aimed to evaluate the clinical efficacy and tolerability of capsaicin patch in PNP in a usual clinical practice at a third-level hospital.

Material and Methods Retrospective observational study conducted between January 2019 and December 2022 of patients with PNP who underwent treatment in the hospital. All of them signed informed consent. Data were collected from clinical history and pharmacy program.

Therapeutic efficacy was evaluated through pain intensity, using the Visual Analogue Scale (VAS), at baseline and a week after treatment. Patients were considered as responders to therapy if VAS decreases ≥ 3.

Patients were included in one of the following groups according to the localisation pain: Back, Hip, Knee, Feet, Upper limbs (hands, arms).

Endpoints included demographic and clinical characteristics (age, sex), therapeutic outcomes (change in basal pain intensity), adverse events (AEs), site reactions.

Results 686 patients were included in the study (65% women, median age 60.5 years). Localisation area application were: Knee (21.6%), Back (8.5%), Hip (6.6%) Upper limbs/feet (19.7%).

The median VAS baseline score (6,9) decreased a week after treatment (5.7).

A median percentage of patients (42.4%, n=291) improved VAS scale and 42% (n=122) of them were considered responders to treatment (decrease baseline VAS ≥ 3).

Adverse events (mild to moderate in intensity) were: erythema (13,1%), burning sensation (29,8%) and pruritus (21.4%). No severe adverse events were observed.

Conclusion and Relevance Capsaicin patch use in peripheral neuropathic pain seems to be effective, decreasing pain intensity in treated conditions.

Treatment was generally well tolerated adverse events were transient and self-limiting.

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