



4CPS-179 - "Description and Follow-up of the Use of Emtricitabin/Tenofovir for HIV Pre-Exposure Prophylaxis"

Beristain Aramendi I, Ros Olaso A, Boo Rodríguez J, González Fernández T, Landa Alberdi J, Eceiza A, Bachiller Cacho MP, Gayán Lera MJ, Lizeaga Cundín G.

Background and Importance

The Spanish National Health System agreed to finance emtricitabin / tenofovir (FTC / TDF) in November 2019 with an indication of pre-exposure prophylaxis (PrEP) as an HIV prevention measure. Pre-exposure prophylaxis consists of taking one FTC / TDF tablet daily. The role of hospital pharmacist in the treatment of HIV-negative people is to follow up by monitoring adherence, interactions and reasons for discotinuation of treatment.

Aim and Objectives

To describe the use of emtricitabin / tenofovir for PrEP in a tertiary hospital and follow up of candidate HIV-negative people from the start of therapy.

Age

Materials and Methods

Retrospective, observational and Hospital ID Clinic study including all non-infected people who started treatment from December 2019 to April 2021.

Data were obtained from the electronic medical records and outpatient dispensing module.

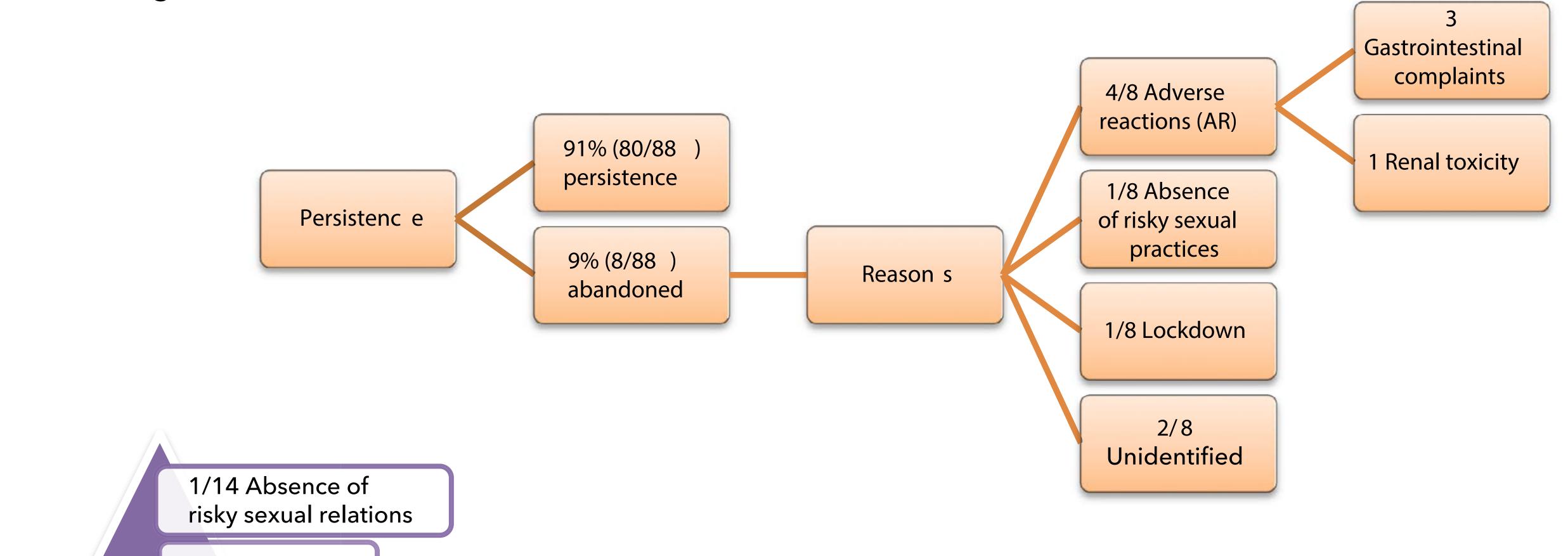
VARIABLES ANALYSED Sex Persistence

Treatment duration

Risk behaviours

 Treatment withdrawal reason Adherence (adherent if ≥ 95%) Reasons for low adherence

Eighty-eight HIV-negative people were included, 98% (86/88) were men, all of them being men practising sex with men (MSM). The mean age was 40±9.



Eighty two percent of the non-infected people were adherent to treatment, being the mean adherence to treatment 95%. The mean adherence of the people considered non-adherent was 76%. The reasons for poor adherence were: 3/14 gastrointestinal AR (flatulence and abdominal pain), 1/14 absence of risky sexual relations, 1/14 lockdown and 9/14 unidentified due to lack of follow-up

Conclusion and Relevance

1/14 Lockdown

9/14 Unidetified

3/14 Gastrointestinal AR

- The main profile of HIV-negative people in treatment with PrEP is MSM.
- In general, both persistence and adherence to treatment were good.
- However, considering the short duration of treatment, a long-term study should be performed. Results show that the most frequent reasons for treatment withdrawal and low adherence are AR.