

HUMAN IMMUNODEFICIENCY VIRUS PRE-EXPOSURE PROPHYLAXIS: ANALYSIS, FOLLOW-UP AND PANDEMIC EFFECT

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BACKGROUND AND IMPORTANCE

The funding of the indication of Pre-Exposure Prophylaxis (PrEP) by the National Health System (NHS) as a strategy to prevent Human Immunodeficiency Virus (HIV) infection in high-risk populations. In our community, this program led to create an interdisciplinary circuit made up of Infectious Diseases Doctors and Hospital Pharmacists to follow up these patients.

AIM AND OBJECTIVES

- To characterize the user population of the HIV PrEP program.
- To assess the adequacy of the care circuit and the impact of the lockdown due to the pandemic.

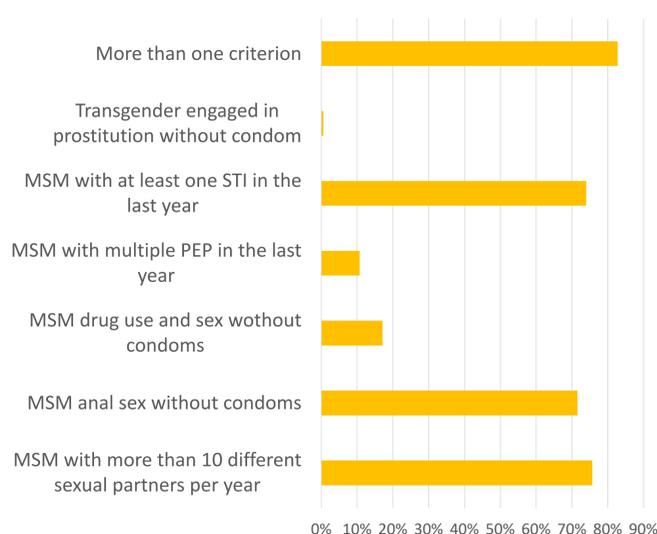
MATERIALS AND METHODS



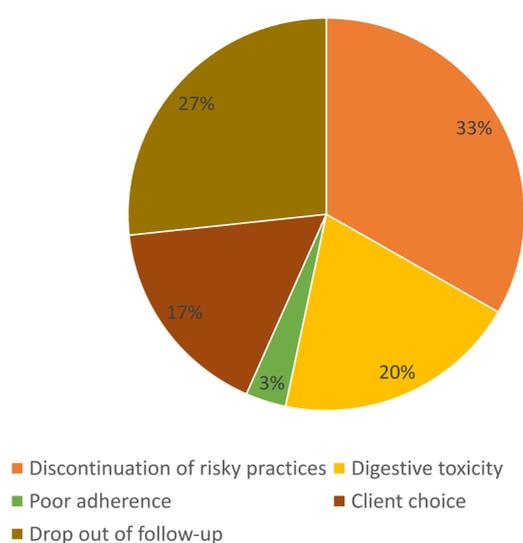
RESULTS

- 169 patients taking PrEP (168 males and one transgender), with a mean age of 39.6 ± 10.0 years.
- Mean adherence was $94.5\% \pm 11.4$. Only 30 patients had stopped treatment and just 13 users with an intermittent regimen were detected.
- Digestive toxicity was the main adverse effect. There were no differences in renal function or bone parameters.

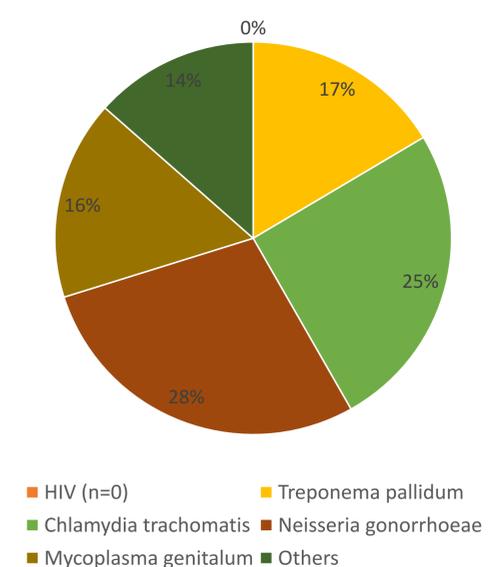
Inclusion criterion



Reasons to discontinue medication (n=30)



STIs acquired during treatment (n=67)



CONCLUSION AND RELEVANCE

- The program meets the requirements of the NHS with high adherence and good safety profile. There were few suspensions due to non-attendance at check-ups or lack of adherence.
- Patients continued with PrEP during lock down and there was a significant number of patients affected by COVID.
- Clinical pharmaceutical follow-up has allowed preventive and corrective interventions, but more emphasis should be placed on the use of condoms to prevent Sexually Transmitted Infections (STIs), as well as avoiding the use of anabolic steroids given the possible renal repercussions.