Materials and Methods Medical data of adult (age range, 18 to 85 years) hypertensive patients attending the hypertension clinic of Hospital Centre of Cova da Beira, Covilhā, Portugal, from March to August 2012, were prospectively obtained from medical records and analysed. Demographic variables, clinical data and BP values of hypertensive patients included in the study, as well as prescribing metrics, were examined on a descriptive basis and expressed as the mean±SD, frequency and percentages. Student's test and Mann-Whitney rank sum test were used to compare continuous variables and the χ^2 test and Fisher exact probability test were used to test for differences between variables in different categories.

Results In all, 47% of hypertensive patients (n = 44) had their BP controlled according to international guidelines. About 54% of patients with a target BP < 140/90 mmHg (n = 74) were controlled, whereas in patients with diabetes and/or chronic kidney disease (n = 20) the corresponding figure was only 20% (P = 0.007). The angiotensin II-receptor antagonists were the most prescribed drugs (57.5%), followed by calcium channel blockers (55.3%) and β-blockers (42.5%). About 82.4% hypertensive patients with comorbid diabetes were treated with an angiotensin-converting enzyme inhibitor or an angiotensin II-receptor antagonist.

Conclusions Many hypertensive patients prescribed antihypertensive treatment fail to achieve BP control in clinical practise; this control being worse among patients with diabetes or chronic kidney disease. As prescribing patterns seem to conform to international guidelines, further research is needed to identify the causes of poor BP control.

No conflict of interest.

GRP-035 BOCEPREVIR AND TELAPREVIR: SAFETY

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Background Protease inhibitors boceprevir and telaprevir were approved by the European Medicines Agency in July and September 2011 respectively for the treatment of hepatitis C genotype-1 in combination with peginterferon and ribavirin (triple therapy).

Purpose To describe the safety of boceprevir and telaprevir in clinical practise.

Materials and Methods All patients who received triple therapy prior to commercialization (compassionate use) with boceprevir or telaprevir to September 2012 were included. Data collected were: drugs administered for triple therapy, analytical parameters (haemoglobin, neutrophils and platelets) and subjective adverse effects. Patients were educated by the pharmacist about the medicines at the start of triple therapy and interviewed about adverse effects monthly with each refill of triple therapy.

Results Of the 36 patients with chronic hepatitis C included, 16 were treated with telaprevir and 20 with boceprevir. The most frequent adverse reactions were anaemia, neutropenia and thrombocytopenia. Anaemia was managed by reducing the dose of ribavirin (7 patients), erythropoiesis-stimulating agents (11 patients) and packed cells (7 patients). Neutropenia and thrombocytopenia were controlled with peginterferon dose reduction (2 patients) and granulocyte colony-stimulating factor (4 patients). Other adverse effects were fatigue or discomfort (16 patients), insomnia (5 patients), fever (5 patients), pruritus, dysgeusia, headache, nausea, diarrhoea and irritability. Eight patients had to discontinue treatment due to adverse reactions which were not controlled with dose adjustment or supportive drugs.

Conclusions All adverse events observed were reported in the EMA studies. Protease inhibitors have shown improve sustained virological response in clinical trials but these drugs are associated with a lot of adverse reactions. It is very important to have close collaboration between the physician and the pharmacist for medicines management, so that adverse reactions not described in the drug information will be reported to health agencies.

Abstract GRP-035 Table 1

Protease inhibitor	No. of patients	Anaemia	Neutropenia	Thrombocytopenia
		n (%)		
Boceprevir	20	17 (85)	14 (70)	15 (75)
Telaprevir	16	11 (69)	6 (38)	13 (81)

No conflict of interest.

GRP-036 CARDIOVASCULAR RISK IN HIV PATIENTS AND HCV CO-INFECTED PATIENTS TREATED WITH LOPINAVIR/RITONAVIR OR ABACAVIR

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Background An estimate of the risk of suffering a cardiovascular event guides the development of preventive strategies and treatment optimization. In HIV and co-infected HIV/HCV patients the state of chronic inflammation, altered endothelial function, a higher prevalence of smoking and antiretroviral treatment toxicity tend to increase the risk compared to the non-infected population.

Purpose To estimate the cardiovascular risk of HIV infected patients, HCV/HIV patients, and those treated with lopinavir/ritonavir or abacavir in a hospital. To describe the population and their main risk factors.

Materials and Methods This was a 6-month retrospective and observational study. Demographic and clinical data, such as lipid profile, immunological state or current treatments, were collected. Three different tools were used to estimate the 10-year cardiovascular risk: Framingham, SCORE and Regicor, in order to minimise the possible under-estimation for the infected Spanish population.

Results 56 patients matched the inclusion criteria. The average age was 48 (78.6% men). All patients had a good immunological state. The first modifiable risk factor was smoking (66.1%) dyslipidaemia the second (50%) and hypertension the third (37.5%). The co-infected population presented the main risk factors in higher percentages than the mono-infected group (81.3% smoked and 90% had dyslipidaemia). The number of patients identified as having a high cardiovascular risk with the estimation methods used was low. Framingham was the tool that classified more patients into this group (18.5% versus 12.73% SCORE and 1.85% Regicor).

Conclusions The results of this study, which accorded with previous publications, show the high prevalence of cardiovascular risk factors in this population, especially smoking and dyslipidaemia, showing the importance of identifying high-risk patients in order to prevent cardiovascular events. It also evidences the lack of a specific way of identifying these patients, which would help direct preventative efforts.

No conflict of interest.

GRP-037 CATHETER RELATED INFECTION TREATMENT PROTOCOL COMPLIANCE IN THE INTENSIVE CARE UNIT

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