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testing were identified. PD-L1 testing may be associated with improved OS potentially by enhanced treatment decision making. Future research is warranted to understand underlying reasons for biomarker non-testing and associated disparities.

1118 | Persistence and adherence to antihypertensive drugs in the participants of social health insurance attending a primary care clinic in Banjarmasin, Indonesia

Alfi Yasmina[1]; Haura Maulida Rahmatika[2]; Farida Heriyani[3]; Djallalluddin Djallalluddin[4]; Hendra Wana Nur'amin[1]

[1]Department of Pharmacology, Faculty of Medicine, Universitas Lambung Mangkurat; [2]Medicine Study Program, Faculty of Medicine, Universitas Lambung Mangkurat; [3]Department of Public Health, Faculty of Medicine, Universitas Lambung Mangkurat; [4]Department of Internal Medicine, Faculty of Medicine, Universitas Lambung Mangkurat

Background: Hypertensive patients should be persistent and adherent when using antihypertensive drugs.

Objectives: This study aimed to determine persistence and adherence to antihypertensive treatments in Indonesian Social Health Insurance (BPJS) participants attending a primary care clinic, based on types and classes of antihypertensives, as well as patient characteristics.

Methods: This study used retrospective cohort design conducted on secondary data from outpatient back-referral program for hypertensive patients who were BPJS participants attending a primary care clinic in Banjarmasin during 2020. Persistence was measured by calculating the gap between prescriptions with 15 days cutoff, and adherence was measured with Medication Posession Ratio (MPR). Persistence was analyzed with survival analysis, while difference in adherence was tested by Mann-Whitney and Kruskal-Wallis tests.

Results: A total of 154 patients were included in this study, consisted of mostly females (55.8%) and 50% of the patients were ≥ 60 years. Most patients had comorbidities (69.5%), started with a monotherapy drug (90.9%), with calcium antagonists (46.8%) and angiotensin receptor blockers (33.8%) were used the most. During 2020, the proportion of patients who persistently used antihypertensives was 20.1% with a median persistence of 210 days (95% CI 18.32–230.68). Adherence to antihypertensive treatments was indicated by MPR mean of 72.12 ± 22.08%. There were no significant differences between patient persistence and adherence based on types and classes of antihypertensives, age, gender, and comorbidities ($p > 0.05$).

Conclusions: It was concluded that persistence and adherence to antihypertensive treatments in BPJS participants attending a primary care clinic in Banjarmasin were poor, and type and classes of antihypertensives, as well as patient characteristics were not significantly affected the persistence and adherence to antihypertensive treatments. Other factors associated with the persistence and adherence need to be investigated to improve the treatment of these patients.

1119 | Persistence and adherence to antidiabetic drugs in social health insurance participants attending a primary care clinic in Banjarmasin, Indonesia

Alfi Yasmina[1]; Farida Heriyani[2]; Muhammad Arifial Asyum[3]; Djallalluddin Djallalluddin[4]; Hendra Wana Nur'amin[1]

[1]Department of Pharmacology, Faculty of Medicine, Universitas Lambung Mangkurat; [2]Department of Public Health, Faculty of Medicine, Universitas Lambung Mangkurat; [3]Medicine Study Program, Faculty of Medicine, Universitas Lambung Mangkurat; [4]Department of Internal Medicine, Faculty of Medicine, Universitas Lambung Mangkurat

Background: Persistence and adherence to antidiabetic treatments are especially important to maintain glycemic control and prevent complications in diabetes mellitus (DM) patients.

Objectives: This study aimed to determine the persistence and adherence to antidiabetic treatments in Indonesian Health-Social Security Administrative Body (BPJS-Kesehatan) participants, based on antidiabetic types and classes, and the patient's age, gender, and comorbidities.

Methods: This study used a retrospective cohort design using data sources from medical records of back-referral program for DM patients who were BPJS Kesehatan participants at a primary care clinic in Banjarmasin during 2020. Persistence was calculated by measuring the gap between prescriptions with a 14 days cutoff, while adherence was calculated with the Medication Possession Ratio (MPR) formula. The persistence data were analyzed using survival analysis. The adherence data were analyzed using the One-Way Anova, Mann-Whitney, and Kruskal-Wallis tests.

Results: A total of 77 DM patients were included, with most of the patients were < 60 years old (66.2%), males (66.2%), had comorbidities (71.4%), taken oral antidiabetic drugs (90.9%), with the most antidiabetic drug used were biguanide monotherapy (24.7%) and a combination of oral antidiabetics or a combination of oral and injected antidiabetics (58.4%). There were 67.5% DM patients who were not persistent to therapy (median of persistence of 210 days, 95% CI 171.17–248.83), but they had a good adherence (MPR value of 81.49 ± 16, 69%). There were no significant differences in medication persistence and adherence between categories of therapeutic types and classes, age, gender, and comorbidities ($p > 0.05$).

Conclusions: It can be concluded that the adherence to antidiabetic treatments in BPJS-Kesehatan participants in a primary care clinic in Banjarmasin was good, but the persistence was poor, and there were no differences in adherence and persistence to treatments based on the therapeutic types and classes, and patient characteristics. An effort to investigate other factors that might affect the antidiabetic drug persistence would improve the treatment of these DM patients.

1120 | Use of psychotropic and antidepressant medicines in the Brazilian amazon: Analysis of two cross-sectional population-based studies, 2015 and 2019

Tais Freire Galvao[1]; Gustavo Magno B Tiguman[1]; Marcus Silva[2]

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