form, as a routine document, circulating between patient, doctor and pharmacist.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

No conflict of interest.

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**4CPS-134 HEALTH-RELATED QUALITY OF LIFE IN MULTIPLE SCLEROSIS PATIENTS TREATED WITH DISEASE-MODIFYING THERAPIES**

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**Background**

The Multiple Sclerosis Quality of Life-54 (MSQoL-54) questionnaire is a multidimensional health-related quality of life (HRQol) measure that combines both generic and MS-specific items into a single instrument. It provides physical health composite score (PCS) and mental health composite score (MCS) expressed on a scale of 0 (poorest QoL) to 100 (best possible QoL).

**Purpose**

To evaluate HRQol calculating PCS and MCS. To analyse differences in HRQol considering Expanded Disability Status Scale (EDSS) and disease modifying therapies (DMTs). Disability was considered mild with EDSS (0–3.5) and moderate with EDSS (4–6.5).

**Material and methods**

Prospective study from March to September 2017. MS patients treated with DMTs completed MSQoL-54. Clinical data were collected from electronic medical records. DMTs were classified considering route of administration: intravenous (IV, Natalizumab), oral (Fingolimod, Dimethylfumarate, Teriflunomide) and intramuscular (IM) + subcutaneous (SC). Interferon (IFN) + Glatiramer Acetate (GA). Statistical analysis was made with Wilkinson Test and Student t-test using SPSS 15.0.

**Results**

One-hundred and twenty-two patients completed the questionnaire (74% female). Median age was 43.5 (IQR: 37–52.7); 93% of patients had relapsing-remitting MS. Median disease duration was 8.5 years (IQR: 5–13). Eighty per cent had mild EDSS and 20% had moderate EDSS. Seventy-one were treated with IM+SC DMT, 32 with oral and 19 with IV. Median EDSS were: 1.5 (IQR: 1–2) in IM+SC group, two (IQR: 1–2.5) in oral group and three (IQR: 2–4.5) in the IV group. Statistically significant differences in PCS (p<0.003) and MCS (p<0.01) were found in patients with mild and moderate EDSS in all groups of treatment. Differences were found in PCS (p<0.03) between IV and IM+SC and MCS (p<0.01) between the IV and the other groups. Considering both EDSS and DMT route of administration, there were no differences in PCS; MCS significance was found just in mild EDSS (p<0.01).

**Conclusion**

Mild and moderate EDSS affected HRQol in both PCS and MCS.

Considering the route of administration, there were differences in PCS between Natalizumab and IFN+GA group and in MCS between Natalizumab and the rest. This could be explained due to higher EDSS in Natalizumab patients.

Analysis including disability and route of administration showed statistical significance just in MCS in patients with mild EDSS.

Disability degree negatively affected HRQol independently of DMT route of administration.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

No conflict of interest.