effective. Relapse was defined as loss of effectiveness. Safety was evaluated according to the adverse effects (AE) profile.

Results During the study period, 32 patients were included, eight were male (25%) and 24 were female (75%). Mean age was 45 (18–79) years. Previous treatment consisted of antihistamines in 10 (31%) patients, antihistamines+corticoids in nine (28%), and antihistamines+corticoids+ antileukotrienes in 11 (34%). The initial UAS7 was >15 in all patients, and in 11 (34%) cases it was >25. Effectiveness was not evaluated in two patients due to lack of information. Initially all patients received 300 mg of omalizumab once a month for 6 months, and after this time 26 (81%) patients achieved a UAS7 ≤6. Nineteen (59%) patients relapsed after a mean time of 4 (1–14) months, and received a 6 month retreatment. After retreatment 12 (38%) patients reached UAS7 ≤6. Subsequent maintenance was required in 14 (44%) patients, with a dose of 300 mg in six (19%) patients and 150 mg in eight (25%). After 6 months of maintenance treatment UAS7 was ≤6 in 10 (31%) patients. In four (12%) cases UAS7 was never ≤6, and no AE were reported during the treatment.

Conclusion Omalizumab was effective in most cases after a 6 month treatment, but more than a half of the patients required retreatment. Maintenance with lower doses was used in a considerable percentage of patients. Tolerance was excellent, without AE being found.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-182 EXPERIENCE WITH OMALIZUMAB IN THE TREATMENT OF UNCONTROLLED PERSISTENT ASTHMA

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Background Allergic asthma is the most prevalent phenotype of severe asthma in which treatment with omalizumab has been proven to be beneficial.

Purpose Analyse the effectiveness, efficiency and safety of omalizumab in patients with uncontrolled moderate-to-severe asthma.

Material and methods Retrospective observational study of all patients with uncontrolled persistent asthma who received omalizumab for at least 52 weeks from March 2007 until September 2018. Variables: age, sex, diagnosis, baseline IgE levels, FEV1 (baseline and at 52 weeks after omalizumab); number of exacerbations (NEX), corticosteroid cycles (CC) and emergency visits (EV) 12 months prior to omalizumab and at 12 months after, duration, discontinuation and side effects; and ACT quality of life questionnaire after last administration. The main variable was the reduction in NEX and as secondary variables reduction in CC and EV. Efficiency was estimated by the reduction in EV/patient cost.

Results Thirty-six patients were included, 67% females, mean age 44.2 years (SD=16.9). Sixteen patients were diagnosed with asthma moderate-severe and 20 severe. Mean IgE level was 590.7 IU/ml (SD=1210.2). Seventy per cent of patients had FEV1 <80%. In the 12 months prior to omalizumab the mean NEX, CC and EV was 4.5 (SD=3), 4.4 (SD=3) and 2.2 (SD=1.8), respectively. NEX at 52 weeks was 0.6 (SD=0.9), a significant difference compared to the baseline. CC was reduced to 0.7 (SD=0.9) and mean/patient EV to 0.3

(SD=0.6). Average treatment duration was 52 months (SD=30) and treatment was discontinued in 20 patients, three of those because of efficacy, 12 for inefficacy, one after poor tolerance (diarrhoea, myalgias and tremors) and four for hospital change. Except for one patient, the rest showed good tolerance to omalizumab. Fifty per cent of patients with decreased lung function reached FEV1 >80% at 52 weeks. After the last administration of omalizumab, 72% of patients were under control or reasonably well controlled and 28% not well controlled. The mean cost of asthma EV/patient prior to omalizumab was €422.9 (SD=356.8) and after omalizumab €97.2 (SD=247.4).

Conclusion This analysis shows that omalizumab decreases NEX and CC, achieving a substantial improvement in patients with uncontrolled moderate-to-severe asthma, as well as a reduction in the direct costs of EV. Interruption of treatment in three patients suggests that the effects of omalizumab may persist over time.

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No conflict of interest.

4CPS-183 COLLABORATION WITH THE OPHTHALMOLOGY SERVICE IN A PUBLIC RESIDENTIAL CARE HOME

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Background Due to the age and clinical situation of the residents in the nursing home, the collaboration with specialists guarantees continuing care.

Purpose Describe the collaboration of the hospital ophthalmology department in resolving queries or consultations concerning the ophthalmological medication used by the residents in the public nursing home of the referential area.

Material and methods A proposal was presented to the ophthalmology service in December 2017. Two doctors collaborated. A transverse study was carried out in January 2018 with residents using eye-drop treatments and their medical records were revised. Data about the use of medication of the S group (ATC codes) was collected between January 2015 and December 2017. The medications which can interact with ophthalmological diseases, e.g. glaucoma and cataracts, were revised, as were the adverse effects of the eye drops. Recommendations and improvement proposals have been sent.

Results In January 2018, of the 194 residents in the care home, 23 were receiving treatment with artificial tears and seven (average age 82.7 years) were being treated, chronically, with eye drops for glaucoma.

Of the seven patients, only three were being revised by the specialist. For the four residents without follow-up, the ophthalmologist suggested visiting the residence to measure ocular tension and visual acuity, and later book an outpatient appointment in 2018.

Of the seven patients in treatment: one was receiving quadruple therapy (carbonic anhydrase inhibitor, alpha-2adrenergic receptor, beta-blocker and prostaglandin analogues); two received triple therapy; three double therapy; and one received