

checkpoint. They have demonstrated their efficacy and safety in the treatment of different solid tumours.

Purpose To evaluate the incidence of adverse events (AE) associated with immune checkpoint inhibitors and to analyse the management of the toxicity.

Material and methods Descriptive and retrospective study which included every patient treated with Nivolumab or Pembrolizumab between April 2015 and September 2018 in a third-level hospital. Demographics and clinical variables were collected from the electronic medical records: sex, age, type of tumour, number of cycles, causes of treatment suspension, AE and its severity, as well the need for referral to other specialist, pharmacological treatment or hospitalisation for its handling.

Results We included 71 patients (74.6% males), 60.6% were treated with Nivolumab and 39.4% with Pembrolizumab. Average age was 67.6 years (SD 10.3) and the median number of cycles was eight (1–70). The most frequent types of tumours were non-small-cell lung cancer (63.0%), bladder cancer (15.1%) and renal cancer (8.2%).

74.7% of patients presented >1 AE, all immunomediated: 79.1% with Nivolumab (8.9% grade 3) and 71.4% with Pembrolizumab (22.5% grade 3). The most common AE in both groups were asthenia (53.5% with Nivolumab and 32.1% with Pembrolizumab), skin toxicity (37.2% and 25% respectively) and diarrhoea (14% and 21.4% respectively). Immunemediated toxicity was the cause of permanent treatment suspension in 15.1% of patients (45.5% hepatitis and 18.2% pneumonitis).

Referral to other specialists was necessary in 20.9% of patients treated with Nivolumab and 25% with Pembrolizumab. 32.6% of patients with Nivolumab and 39.3% with Pembrolizumab required pharmacological management. Also, 7% of cases required hospitalisation to control AE due to Nivolumab and 25% due to Pembrolizumab.

Conclusion All treatment-related AE are immune-mediated. Despite being less frequent, there are certain AE which, due to their clinical relevance, led to the permanent suspension of treatment. The incidence of grade 3 EA was higher in patients treated with Pembrolizumab, as well as hospitalisation required. The role of a multidisciplinary team is essential in handling possible related EA, achieving an adequate treatment optimisation.

REFERENCES AND/OR ACKNOWLEDGEMENTS

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5481296/>

No conflict of interest.

5PSQ-067 DETECTION OF ADVERSE NEUROPSYCHIATRIC REACTIONS ASSOCIATED WITH ABIRATERONE AND ENZALUTAMIDE TREATMENTS IN THE HOSPITAL

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Background Enzalutamide (ENZ) and abiraterone acetate (AA) are oral treatments indicated for metastatic castration-resistant prostate cancer (mCPRC). Both drugs can cause neurological and psychiatric adverse effects. Some publications suggest that some neuropsychiatric adverse reactions are more frequent with ENZ than with AA.

Purpose The aim of this study was to check the prevalence of these types of adverse reactions in patients treated in our hospital, by reviewing their clinical history.

Material and methods We selected those patients in treatment with ENZ or with AA in our hospital from January 2015 to September 2018. Clinical data were obtained by consulting their clinical history and the pharmacy service's computer program. The presence of any of these signs/symptoms was identified as adverse neuropsychiatric reaction: restless leg syndrome, anxiety, headache, insomnia, seizures, falls, dizziness, hallucinations, memory impairment.

Results During the study period, 53 patients received treatment with abiraterone and 61 patients received treatment with enzalutamide. The mean age was over 60 years in both groups. In the AA group, 12 patients (22.6%) with adverse neuropsychiatric-type reactions were detected: falls (eight patients), insomnia (six patients), headache (six patients) and memory loss (four patients). The ENZ group showed similar data, in 14 patients these types of alterations appeared (22.9%): insomnia (10 patients), headache (six patients), falls (six patients) and memory loss (five patients).

Conclusion After evaluating our results, it could be concluded that both abiraterone and enzalutamide show the same profile in terms of adverse neuropsychiatric reactions. But it is true that more studies are required to determine if these reactions are due to these drugs or to other factors such as age, the evolution of the disease or the patient's social situation.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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5PSQ-068 ADHERENCE TO DISEASE-MODIFYING THERAPIES IN SPANISH PATIENTS WITH MULTIPLE SCLEROSIS

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Background Like in other chronic diseases, the adherence to disease-modifying treatments in multiple sclerosis (MS) is essential to maximise its efficacy. The adherence is relevant for the symptoms' relief and delay in disease progression. It is essential to find out factors which could influence adherence rates in MS patients, in order to improve the management of the disease.

Purpose This study aims to evaluate the adherence to MS treatment in Spanish patients and find out variables that may influence it.

Material and methods Cross-sectional study conducted in MS Spanish patients receiving disease-modifying treatments ≥1 year before the inclusion. The recruitment was performed in hospitals and patients' associations by healthcare professionals and patient association's staff. Adherence was measured using the Morisky–Green scale (four questions with dichotomous answers, compliance was considered with these answers: NO/YES/NO/NO) and related factors using a questionnaire addressing demographic/disease characteristics, global perception of pathology, impact of medication on patient life,