check 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
No conflict of interest.

5PSQ-068 ADHERENCE TO DISEASE-MODIFYING THERAPIES IN SPANISH PATIENTS WITH MULTIPLE SCLEROSIS
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10.1136/ejipharm-2019-eahpconf.501

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,