- Despite the high adherence index for all patients, a slightly higher index has been found in patients with the best outcomes in LDL-C percentage decreases.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-027 REAL-WORLD EFFECTIVENESS OF EVOLOCUMAB AND ALIROCUMAB AT 12 MONTHS OF TREATMENT

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Background Alirocumab and Evolocumab are proprotein convertase subtilisin/kexin type 9 inhibitors (PCSK9-I) that have been authorised by the Autonomous Health Service under the following conditions: uncontrolled familial hypercholesterolaemia (FH) with low-density lipoprotein (LDL-C) >130 mg/dL, uncontrolled stable atherosclerotic cardiovascular disease (ASCVD) with LDL-C >130 mg/dL or unstable ASCVD with LDL-C >100 mg/dL in combination with a statin and ezetimibe at maximum tolerated doses.

Purpose We aim is to analyse the effectiveness of PCSK9-I in patients treated at a tertiary care hospital

Material and methods Retrospective study of all patients treated with PCSK9-I from April 2016 to June 2017 and follow-up at 12 months of treatment. The variable of effectiveness analysed was the percentage of reduction in LDL-C.

Data were collected at the beginning and after the first annual visit from medical records (Millennium-Cerner), and were analysed by the IBM SPSS Statistics program.

Results Thirty-eight patients were included, median age of 56 years (35–80), 53% women. In 19 (50.0%) cases, PCSK9-I were indicated for ASCVD, in 15 (39.5%) for FH and in four (10.5%) for both indications: 15 (39.5%) patients were intolerant to statins and seven (18.4%) to ezetimibe. The mean level of initial LDL-C was 180.5±49.4 mg/dL. PCSK9-I were prescribed in combination with statins in 25 (65.8%) patients and ezetimibe 24 (63.2%). Evolocumab was indicated in 27 (71.1%) cases and alirocumab in 11 (28.9%). The recommended target for LDL-C was 100 mg/dl for 14 patients and 70 mg/dl for 24.¹ After 12 months, median 53 weeks (42–76), data were collected from 25 (65.8%) patients, in 11 cases (28.9%) the blood test was not done and two (5.3%) discontinued treatment. The mean LDL-C was 84.6±43.8 mg/dl, with a relative percentage reduction of 50.8±34.8%. There was no significant difference in effectiveness between evolucumab and alirocumab (–55.2% vs –40.8%, p=0.408). The therapeutic goal was achieved in 15 (60%) patients.

Conclusion PCSK9-I showed similar LDL-C reductions to those described in clinical trials (50%–70%), although only 60% of patients achieved the recommended goal after 1 year of treatment.

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. 2016 European Guidelines on cardiovascular disease prevention in clinical practice.

No conflict of interest.

4CPS-028 STATIN OVERUSE? EVALUATION OF STATIN INITIATION FOR PRIMARY PREVENTION DURING HOSPITALISATION BETWEEN TWO NEIGHBOURING COUNTRIES IN EUROPE IN HIGH-RISK PATIENTS

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Background Due to Guidelines of the ESC/EAS the number of patients recommended to receive statin therapy for primary prevention of atherosclerotic cardiovascular disease (ASCVD) has increased. Critical voices expressed concern that implementation of these guidelines may lead to statin overuse.

ESC/EAS recommend using risk calculators for Systematic COronary Risk Evaluation (SCORE) to estimate patients' 10 year fatal ASCVD risk. However, data identifying statin utilisation based on SCORE in European hospitals is lacking.

Purpose The aim of the study was to evaluate whether there is a difference in the treatment of patients with high risk between two neighbouring countries in Europe according to ESC/EAS guidelines.

Material and methods A multi-site, international, retrospective, cross-sectional study was conducted in three hospitals in Austria and three hospitals in Slovenia. At each site approximately 20% monthly discharges from selected wards were reviewed. For each patient data on age, gender, lipid levels, smoking status, systolic blood pressure, serum creatinine, liver function, presence of cardiovascular disease (CVD) or diabetes and prescribed cholesterol lowering agents was collected. Ten-year risk for fatal CVD was calculated using SCORE low-risk charts. Patients with SCORE calculation ≥5 and patients with diabetes were classified as high risk.

Results We included 138 Austrian patients (mean age 61.9 ±10.3; 52.2% men) and 198 Slovenian patients (mean age 63.4±10.6; 57.6% men). Patients from Slovenia were at higher risk compared to patients from Austria (64.1% versus 49.3%; p=0.07). 77.1% of high-risk patients from Austria and 56.3% from Slovenia did not receive a statin during hospitalisation (p=0.009). In 16.7% of Austrian and 58.1% of Slovenian patients, LDL was measured during the hospital stay. 7.1% of high-risk Austrian patients with no statin had LDL <2.6 mmol/L compared with 8.5% of high-risk Slovenian patients.

Conclusion In the population we investigated that there is no risk of statin overuse so far. Despite robust evidence of their efficacy and safety, statin use is still low in high-risk patients in primary prevention for ASCVD in both countries according to ESC/EAS guidelines. Clinical pharmacists could play an important role in improving the use of statins and thus reducing preventable CVD morbidity and mortality.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Current guidelines on prevention with a focus on dyslipidaemia.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5418212/>

No conflict of interest.