4CPS-036 APREMILAST ADHERENCE IN PATIENTS WITH PSORIASIS AND PSORIATIC ARTHRITIS

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Background A limited number of studies have evaluated medication adherence in psoriasis (PS) or psoriatic arthritis (PsA), reporting rates between 29% and 88% (medication possession ratio (MPR >80%)). However, until now no study has included apremilast as the evaluated drug.

Purpose To evaluate adherence to apremilast treatment in patients with PsO and PsA, and to assess the possible factors associated with a MPR <100%.

Material and methods Retrospective observational study including all patients beginning apremilast in an outpatient pharmacy service from a tertiary university hospital. Exclusion criteria: patients with less than one medication pharmacy refill (early discontinuation or recent treatment initiation).

Data collected demographics, treatment indication, previous biological treatment, incidence of adverse events (AE) and adherence to apremilast using the MPR.

Differences between patients with a MPR ≥100% vs. MPR <100% were evaluated in the univariate analysis.

Results Forty-one patients were included: 47 (23–68) years; male 56.1%; PsA 70.7%; and previous biologic therapy 26.8%. At least one adverse effect was reported in nine (21.9%) patients. Thirteen (31.7%) patients discontinued apremilast because of none-response, three (7.3%) for adverse events and one (2.4%) for loss of follow-up.

Adherence was: MPR 100% in 22 (53.7%), MPR 90%–99% in 11 (26.8%), MPR 80%–89% in four (9.8%), MPR 70%–79% in two (4.9%) and MPR <70% in two (4.9%) patients.

Abstract 4CPS-036 Table 1

	MPR<100% (n=19)	MPR=100% (n=22)	P-value (Fisher)
Age, median (range)	44.0 (30–62)	51.5 (23–68)	0.630
Age>50 years, n (%)	7 (36.8)	12 (54.5)	0.350
Males, n (%)	12 (63.2)	11 (50.0)	0.531
Psoriatic arthritis, n (%)	12 (63.1)	17 (77.3)	0.493
Previous biologic therapy, n (%)	4 (21.1)	7 (31.8)	0.499
Treatment discontinuation due to adverse event, n (%)	2 (10.5)	1 (4.5)	0.588
Discontinuation (none-response), n (%)	5 (26.3)	8 (36.4)	0.524
Any adverse event, n (%)	7 (36.8)	3 (13.6)	0.144
Diarrhoea	3 (15.8)	4 (18.2)	1.000
Nausea	1 (5.3)	1 (4.5)	1.000
Headache	4 (21.1)	1 (4.5)	0.164

Conclusion

- Apremilast adherence rate was >90% in more than 80% of the patients.
- Considering MPR >80% reported in the literature, this rate was achieved in approximately 90% of patients, probably related to a multidisciplinary attention.

- The none factor was associated with a poorer adherence, however further studies including a greater number of patients are required.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-037 THE IMPACT OF MULTIDISCIPLINARY COLLABORATION IN OPTIMISING THE PRESCRIPTION OF ANTIBIOTICS IN A PAEDIATRIC HOSPITAL

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Background The safe prescription of antibiotics and their rational use constitute an essential link in the management of patients, in which all care actors have an important role.

Purpose To analyse the evolution of antibiotic consumption in a paediatric health establishment, and to develop strategies for optimising the prescription and rationalisation of their use.

Material and methods The analysis concerned four critical antibiotics (ceftazidime, imipenem/cilastine, vancomycin and amikacin), used in six departments of the paediatric hospital over the period from July 2016 to December 2017. The use of antibiotics was evaluated using the defined adult daily doses as a measurement standard that converts the physical quantities of drugs into a standard unit of measurement.

In order to overcome the problem of overconsumption, we have put, in collaboration with the health facility's drug committee, some strategies for optimising the prescription of antibiotics, such as the requirement of antibiogram results for prescriptions containing a critical antibiotic, discussion of the choice of antibiotic therapy to limit bacterial resistance and reinforcement of hygiene measures to reduce the incidence of nosocomial infections.

Results The results of the evolution of consumption are presented in the following table 1 in (%):

Abstract 4CPS-037 Table 1

	Before the corrective action	After the corrective action
Department	Evolution of average monthly consumption between last semester of 2016 and first semester of 2017	Evolution of average monthly consumption from July 2017 to December 2017
Gastroenterology department	+35%	–53%
Department of endocrinology and neurology	+30%	–22%
Neonatal intensive care unit	+15%	–21%
Child intensive care unit	+11%	–33%
Infectiology department	–17%	–8%
Other departments	+1%	–19%

Conclusion The optimisation of antibiotic use through collaboration and multidisciplinary actions was observed in the results, with considerable variation across services. The success