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

No conflict of interest.

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

of antibiotic prescribing strategies involves close collaboration between the resuscitator, the infectious disease specialist and the hospital pharmacist. Several studies highlight the value of such collaboration. The effectiveness of this collaboration is, however, conditioned by health professionals developing their knowledge of the particularly complex and specific environment of infections.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Clinical and economic impact of an antibiotics stewardship programme in a regional hospital in Hong Kong.

No conflict of interest.

4CPS-038 QUALITY OF LIFE OF PATIENTS WITH MODERATE-TO-SEVERE ATOPIC DERMATITIS UNDERGOING OUT-PATIENT TREATMENT WITH DUPILUMAB

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Background Dupilumab, a human anti-interleukin-4 receptor alpha monoclonal antibody, is the first biologic therapy to have been approved for the treatment of adult patients with moderate-to-severe atopic dermatitis (AD). It is a disabling disease characterised by the presence of severe pruritus which can lead to sleep disturbance, anxiety and depression. Dupilumab is not commercialised in Spain. Hospital pharmacists are responsible for applying this treatment to patients, only after the elaboration of an exhaustive report.

Purpose To assess the improvement in the quality of life of patients with moderate-to-severe AD undergoing out-patient treatment with Dupilumab in our hospital.

Material and methods Retrospective observational study (December 2017 to September 2018), including all patients who received Dupilumab, was conducted. Two specific validated questionnaires were used (Dermatology Quality of Life Index (DLQI) and Hospital Anxiety and Depression Scale (HADS)), with complete confidentiality assured.

In addition, other variables were analysed: age, sex, severity of AD (Scoring Atopic Dermatitis (SCORAD index)) as well as duration of treatment with Dupilumab.

Results Six patients (83% male) were treated with Dupilumab. The average age was 48.86 ± 14.30 . The average length of treatment with Dupilumab was 27 (20–38) weeks.

The results related to the severity of AD (SCORAD index) and the quality of life (DLQI and HADS) previous to and after treatment with Dupilumab are shown in Table 1 below:

Conclusion In accordance with the results of DLQI and HADS questionnaires, Dupilumab has a substantial impact on the health-related quality of life of patients with moderate-to-severe AD.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-039 DUPILUMAB TREATMENT DISCONTINUATION DUE TO LIMITING ADVERSE EFFECTS: A CASE REPORT

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Background Dupilumab is an Interleukin-4 receptor antagonist approved for the treatment of moderate-severe atopic dermatitis (AD) in patients not candidates or refractory to systemic therapy. Dupilumab is not commercialised in Spain so patients must access treatment through the Compassionate Use programme.

Purpose To describe a case of a patient who discontinued dupilumab due to adverse events (AEs).

Material and methods A 50-year-old male patient with severe corticoid-dependent AD for 35 years. He had received cyclosporine, methotrexate, psoralen ultraviolet-A therapy and omalizumab, as well as several cycles of corticosteroids to control outbreaks. Dermatitis manifested mainly as lichenified plaques on the face and trunk. The lack of alternatives motivated the authorisation of dupilumab treatment. Effectiveness at week

Abstract 4CPS-038 Table 1

		Number of patients (%) before treatment with Dupilumab	Number of patients (%) after treatment with Dupilumab
SCORAD index	mild disease score (SCORAD<25)	0 (0%)	2 (33%)
	moderate disease score (25<SCORAD<50)	1 (17%)	3 (50%)
	severe disease score (SCORAD>50)	5 (83%)	1 (17%)
DLQI questionnaire	0–1 (no effect at all on patient's life)	1 (17%)	3 (50%)
	2–5 (small effect on patient's life)	0 (0%)	1 (17%)
	6–10 (moderate effect on patient's life)	0 (0%)	1 (17%)
	11–20 (very large effect on patient's life)	1 (17%)	1 (17%)
	21–30 (extremely large effect on patient's life)	4 (66%)	0 (0%)
HADS questionnaire	depression (D)		
	0–7 (normal)	3 (50%)	5 (83%)
	8–10 (borderline abnormal)	0 (0%)	1 (17%)
	11–21 (abnormal)	3 (50%)	0 (0%)
	anxiety (A)		
	0–7 (normal)	1 (17%)	3 (50%)
	8–10 (borderline abnormal)	1 (17%)	2 (33%)
	11–21 (abnormal)	4 (66%)	1 (17%)