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 corticodependent 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%)