Aim and objectives To determine beliefs about medication and QoL of patients with relapsing–remitting multiple sclerosis (RRMS) receiving active treatment with natalizumab and to analyse possible associations.
Material and methods This was a descriptive observational study including patients diagnosed with RRMS on active treatment with natalizumab. Variables collected from the clinical records were age, sex, time since diagnosis, expanded disability status scale (EDSS), adherence and duration of treatment. Patients completed the validated beliefs about medicines questionnaire which evaluates perceptions of personal necessity for medication and concerns about potential adverse effects (AE). Each questionnaire contains five questions, with the total sum scored of 5–25. The QoL was measured by the EuroQol-5D scale which has five dimensions (mobility, self-care, usual activities, pain/discomfort and anxiety/depression) with values of 0–1 and a visual analogue scale (VAS) with scores of 0–100 points. Patient consent was requested for participation. The possible associations were analysed by multivariate analysis with SPSS.
Results Fourteen patients (median age 40 years (IR 17–76), 78.6% women) were included. Median time from diagnosis was 8.5 years (IR 3–37). Median duration of treatment was 37 months (range 1–69). Adherence was 98% (IR 88–100%). Patients were classified into three groups according to EDSS: group A, 0–3 (57.2%); group B, 3.5–5.5 (21.4%); and group C, >6 (21.4%).

The average for concern was 11.3±4.5 and for necessity 16.8±4.0. The average QoL for EuroQol-5D was 0.59±0.28 and for VAS 63.2±9.5. In subgroup analysis, concern in groups A and B (12.7±4.3 and 13.3±4.7) was higher than in group C (6.5±0.7). Necessity followed the same distribution: groups A and B (17.3±3.1 and 17.3±4.9) were higher than group C (13.5±7.8). Multivariate analysis showed that patients with longer treatments were less concerned about AE ($p<0.05$). Significantly, patients with a higher EDSS had lower EuroQol-5D and VAS scores: group A (0.72±0.23 and 71.1 ±16.7), group B (0.37±0.2 and 46.7±5.8) and group C (0.36±0.34 and 52.5±31.8) ($p<0.05$). Older patients with longer time since diagnosis had lower QoL values ($p<0.05$).
Conclusion and relevance Most patients showed higher scores for perception of necessity for treatment than concern about the AE of natalizumab, which decreased with longer treatment. Patient disability, age and time significantly decreased QoL measures.

REFERENCES AND/OR ACKNOWLEDGEMENTS
No conflict of interest.

4CPS-115 THERAPEUTIC DRUG MONITORING OF ETANERCEPT BIOSIMILAR IN PSORIATIC PATIENTS

[1]L Elberdin Pazos*, [2]RM Fernández Torres, [2]E Blanco Castro, [1]M Outeda Macias, [1]C Fernandez Oliveira, [2]E Fonseca Capdevila, [1]I Martin Herranz. *[1]Complexo Hospitalario Universitario De A Coruña Chuac-Sergas, Instituto De Investigación Biomédica De A Coruña Inibic, Universidade Da Coruña Udc-Spain, Department of Pharmacy, A Coruña, Spain; [2]Complexo Hospitalario Universitario De A Coruña Chuac-Sergas, Instituto De Investigación Biomédica De A Coruña Inibic, Universidade Da Coruña Udc-Spain., Department of Dermatology, A Coruña, Spain*

10.1136/ejhpharm-2020-eahpconf.216

Background and importance A limited number of studies have related serum biological levels to clinical response in psoriasis. Studies on the clinical relevance of therapeutic drug monitoring for etanercept biosimilar (ETAb) are scarce.
Aim and objectives To analyse ETAb concentrations in patients with moderate to severe plaque psoriasis.
Material and methods This was an observational retrospective study of all psoriatic patients treated with ETAb (Erelzi) and monitored in the pharmacy service from January 2018 to September 2019. The ethics committee approved this study. Informed consent was obtained for all subjects before entry into the study. Patients received ETAb 50 mg every week. ETAb serum levels were assessed immediately prior to administration of drug (Ctrough). Concentrations were quantified by capture ELISA immunoassay (Triturus analyser).
Data sources sex, age, weight, date of psoriasis diagnosis, previous treatment with biologic drugs, duration of ETAb treatment, dosage/weight (mg/kg), concomitant treatment (immunosuppressive drugs, oral corticosteroids, retinoids), psoriasis area and severity index scale (PASI) before the start of ETAb treatment (PASIb) and at blood extraction time (PASIe), ETAb concentration and adverse events.

Patients were classified into two groups in accordance with efficacy at the various blood assessment times: good responders (>PASI75) and non-responders (<PASI75).
Statistics descriptive analysis of variables (SPSS V.19.0), quantitative variables (median (range)) and qualitative variables (number (percentage)).
Results Ten patients (70.0% men, 28 blood samples) were aged 48.5 (26.0–68.0) years and weighed 73 (64–112) kg. Dosage/weight was 0.7 (0.5–0.8) mg/kg. Age at diagnosis was 25.5 (8.0–47.0) years and 100% were naive patients. Concomitant treatments were methotrexate (n=3) and ciclosporin (n=1). PASIb was 9.0 (3.0–17.3) and PASIe 1.2 (0.0–14.8), 14/28 PASIe=0.0 and%PASI variation with respect to basal value 92.3 (−82.7–100). Treatment time at blood extraction was 3.9 (0.9–14.0) months. ETAb concentration was 2.7 (0.6–4.8) µg/mL. Efficacy: 57.1% good responders and 42.9% non-responders. There were no significant differences in demographic data between the patient response groups. There were no significant differences with respect to ETAb levels: 2.7 µg/mL (range 1.8–4.4) versus 2.6 µg/mL (range 0.6–4.8), respectively ($p>0.05$). No adverse events were reported.
Conclusion and relevance Drug concentrations were detected in all patients. No relationship was found between ETAb concentration and clinical response (efficacy and toxicity). Further research is needed to determine the clinical significance between ETAb concentration and clinical response, and hence the usefulness of therapeutic drug monitoring in psoriatic patients.

REFERENCES AND/OR ACKNOWLEDGEMENTS
No conflict of interest.

4CPS-116 TEN YEARS OF EXPERTISE IN USTEKINUMAB USE FOR THE TREATMENT OF MODERATE TO SEVERE PLAQUE PSORIASIS

S Esteban-Casado*, C Esteban Alba, I Cañamares Orbis, P Tejedor Prado, E Izquierdo Garcia, A Such Díaz, EA Alvaro Alonso, A Lazaro Cebas, A Santiago Perez, I Escobar Rodriguez. *Hospital Universitario Infanta Leonor, Pharmacy, Madrid, Spain*

10.1136/ejhpharm-2020-eahpconf.217

Background and importance Over the past 10 years, a pharmacotherapy revolution in the treatment of moderate to severe