Aim and objectives The objective of this study was to describe the current status of clinical trials (CT) for AD in our hospital pharmacy service and to analyse the investigational drugs.

Material and methods An observational descriptive retrospective study was carried out in a tertiary academic hospital. All active CT in the neuropsychology service from 1 January 2014 to 31 March 2019 were reviewed. Collected data were total number of CT; total number of included patients; demographic data; total number of CT classified by CT status (active/closed); clinical trial phase; therapeutic targets (reduction of amyloid plaques (AP)/precursor amyloid peptide (PAP) attack/inhibition of GLYT1 transporter/selective antagonism of 5-HT6 receptor/partial selective agonism of α7 nicotinic receptor); administration route (oral/intravenous/subcutaneous); clinical trials with results; and type of result (positive/negative).

Results Twelve CT were analysed involving a total of 59 patients (mean 5 patients per clinical trial (rank 0–8)), 34 (57.6%) women and a mean age of 77.4 years (95% CI 71.5–84.7). Six (50.0%) CT were active; 3 (25.0%) CT were phase II trials and 9 (75.0%) were phase III trials. Therapeutic targets were reduction in AP5 (41.7%), attack of PAP3 (85.7%) and inhibition of GLYT1 transporter (8.3%). Selective antagonism of 5-HT6 receptor (16.7%), partial selective agonism of α7 nicotinic receptor (8.3%); route of administration oral (58.3%), intravenous (8.3%) or subcutaneous (33.3%).

Conclusion and relevance
- The highest number of active CT were phase III trials.
- Only 25% of CT had results and all were negative.
- Almost 60% of CT studied oral administration, which was patients’ preference.
- There were a total of five therapeutic targets but more than 40% of the CT evaluated the reduction in APs.
- Based on these results, we should rethink the research on Alzheimer’s disease before continuing to develop clinical trials with the same therapeutic target.

REFERENCES AND/OR ACKNOWLEDGEMENTS
No conflict of interest.

4CPS-142 EFFECTIVENESS AND SAFETY OF ANTI-IL-5 BIOLOGIC AGENTS IN SEVERE EOSINOPHILIC ASTHMA
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Background and importance Severe uncontrolled asthma is characterised by poor control despite treatment with inhaled glucocorticoids (IGC) and beta2 adrenergic agonists (LABA) at high doses, and/or oral glucocorticoids (OGC). This type of asthma comprises a heterogeneous group of phenotypes treated with targeted therapy. Anti-IL-5 monoclonal antibodies (mepolizumab, reslizumab and benralizumab) are indicated in severe eosinophilic asthma (SEA).

Aim and objectives To assess the effectiveness and safety of anti-IL-5 biologic agents in a tertiary level hospital.

Material and methods This retrospective observational study included patients with SEA receiving treatment with anti-IL-5 agents from June 2017 to August 2019. Electronic clinical records were used to obtain sociodemographic variables (age, sex, concomitant medicines and previous biologicals), effectiveness (reduction in eosinophil blood levels, change in levels of exhaled nitric oxide (FeNO), forced expiratory volume in 1 s (FEV1) and score in the asthma control test (ACT)) and safety (reported adverse effects).

Results Thirty-four patients were included, 67.6% (23) women, and mean age was 56.2 (41–69) years. Twenty patients received mepolizumab with an average duration of 40 weeks, 4 reslizumab for 27.7 weeks and 9 benralizumab for 20 weeks. OCS were used in 21 patients due to lack of information. Treatment was discontinued in 7 patients for inefficacy, 3 for tolerance, 1 for adher-ence and 1 for hospital referral. Three patients were switched from omalizumab to mepolizumab during the study. Before starting immunotherapy, 24.3% (n=10) of patients had ACT >20, and in the previous year 53.5% (n=23) took OCS. 83.7% (n=36) had exacerbations requiring OCS and 37.2% (n=16) required at least one hospitalisation due to an exacerbation.

Conclusions and relevance Anti-IL-5 biologic agents were effective in most cases, reducing exacerbations and hospitalisations in SEA. It also allowed discontinuation of OCS therapy. The improvement in quality of life was proved with the increase in ACT score, despite its subjectivity.

REFERENCES AND/OR ACKNOWLEDGEMENTS
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