19.9 weeks. A total of 56% of patients were diagnosed with SEA and 44% had a mixed eosinophilic–allergic phenotype. All patients received IGC+LABA at high doses. Thirteen patients were taking montelukast and two OGC at low doses; 53% (18) had received omalizumab previously.

Regarding effectiveness, mepolizumab decreased eosinophils from 840.6 (400–2012) to 143.75 (0–500) cells/µL, FeNO decreased to 17.14 (0–89) ppb, FeV₁ improved to 0.325 mL (0.12–0.65) and ACT improved to 6 points (2–9). With reslizumab, eosinophils decreased from 420 (100–1000) to 50 (0–100) cells/µL, FeNO decreased to 24.5 (0–35) ppb, FeV₁ improved to 0.4 mL (0.17–0.45) and ACT improved to 4 points (2–6). Benralizumab decreased eosinophils from 622.2 (0–1900) to 66.6 (0–600) cells/µL, FeNO decreased to 22.6 (0–43) ppb, FeV₁ improved to 0.36 mL (0.07–0.84) and ACT improved to 2.4 points (0–6). Two patients (10%) who received mepolizumab developed respiratory infection and one patient (5%) developed back pain. With benralizumab, two patients developed myalgias (22.2%) and one patient (11.1%) had diarrhea.

Conclusion and relevance In conclusion, anti-IL-5 therapy was effective and safe. Adequate monitoring is needed to optimise treatment.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-144 SAFETY AND EFFECTIVENESS OF REDUCED DOSE OMALIZUMAB FOR CHRONIC IDIOPATHIC URTICARIA

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Background and importance Omalizumab, a monoclonal antibody that selectively binds to human immunoglobulin E, has been approved by the FDA for the treatment of chronic idiopathic urticaria (CIU) at two different dosing: 150 mg (reduced dose) and 300 mg monthly.

Aim and objectives To determine the safety and effectiveness of omalizumab in both doses for the treatment of CIU in our centre.

Material and methods This was an observational, descriptive, retrospective study of omalizumab prescribed for adult patients with CIU from January 2015 to September 2019 in a third level hospital. Variables collected were sex, age, service (allergy or dermatology), previous treatments, initial dose, dose change, clinical variable urticaria activity score 7 (UAS7), suspension of treatment and adverse reactions.

Results Fifty-two patients (67.31% women) with a median age of 50.5 years (range 23–75) were included: 65.38% (n=34) were from allergy and 34.62% from dermatology. All patients had previously received antihistamines, montelukast and ciclosporin. Only three patients started with a monthly dose of omalizumab of 150 mg while the rest (94.23% (n=49)) started with 300 mg monthly. However, in the last group of patients, 44.90% (n=22) required a dose change: in 68.18% (n=15) of patients, the dose was decreased to 150 mg monthly because of a good response and in the rest (31.82% (n=7)) the dose was intensified due to lack of disease control.

UAS7 was collected before and during treatment with omalizumab in only 69.23% of patients (n=36). Median UAS7 before treatment with omalizumab was 29.5 (range 2–42). During treatment, UAS7 was 0 (range 0–32) with both doses of omalizumab.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.