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/ μ L, 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/ μ L, 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/ μ L, 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 diarrhoea.

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-143

TREATMENT OF ASTHMA AND CHRONIC OBSTRUCTION PULMONARY DISEASE: ARE OUR HOSPITAL NURSES AND PHYSICIANS READY TO TREAT AND EDUCATE INPATIENTS?

¹R Guimaraes*, ¹PF Rogliano, ¹L Durand, ²N Bouzou, ³S Saad, ¹S Le Poole. ¹Ch Rives De Seine, Pharmacy, Neuilly-Sur-Seine, France; ²Ch Rives De Seine, Internal Medicine, Neuilly-Sur-Seine, France; ³Ch Rives De Seine, Geriatrics, Neuilly-Sur-Seine, France

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Background and importance In the treatment of asthma/chronic obstruction pulmonary disease (COPD), misuse of inhalation devices is common, with a higher risk of treatment inefficacy, side effects or acute exacerbations, leading to more hospitalisations. In hospital, nurses and doctors are expected to (re) assess patients' knowledge/ability to use their treatments for those hospitalised with severe asthma/COPD, particularly among the elderly population.

Aim and objectives Before implementing a procedure of patient assessment at admission, we conducted a hospital wide survey to appraise knowledge and current practices of nurses and doctors.

Material and methods We conducted an observational study by interviewing nurses and doctors from 12 care units (adults/geriatric, without respiratory specialisation) in August 2019. Two distinct questionnaires based on a literature review were developed by a multidisciplinary group, including three similar parts: knowledge about physiopathology and treatments (1); practices and self-confidence to educate patients (2); and professional training needs (3). Nurses were individually interviewed by a pharmacy resident while doctors answered an individual online questionnaire.

Results We interviewed 37 nurses, and 14/27 practitioners/interns responded to the questionnaire. The main results in part 1 were that 51.4% of nurses knew the characteristic symptoms of asthma, 45.9% considered budesonide a

bronchodilator and 14.3% of doctors knew that there were non-validated combinations of nebulisation drugs. In part 2, 48.6% of nurses and 14.3% of doctors declared that a patient's assessment is made at admission, partly due to the absence of a procedure and a lack of time, respectively; 60% of nurses told patients to rinse their mouth after inhalation of corticoids. In part 3, 78% of nurses were quite/totally confident about inhaler device use compared with 35.7% of doctors; doctors considered general practitioners and nurses the most appropriate professionals for patient education. We found that 84.1% of nurses and 92.9% of doctors were interested in specific training.

Conclusion and relevance The results showed a lack of knowledge of nurses/prescribers about some aspects of asthma/COPD, despite nurses' self-confidence. Among our patients, few were evaluated at admission on their ability to use their devices correctly, with the risk that their treatments may not be optimised. To improve knowledge of professionals and harmonise our practices, we aim to offer training and formalise a procedure for eligible patient evaluation/education at admission, thus ensuring better care.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-144

SAFETY AND EFFECTIVENESS OF REDUCED DOSE OMALIZUMAB FOR CHRONIC IDIOPATHIC URTICARIA

M Alonso Moreno, M Soriano Martinez, B Fernandez Rubio, M Mejias Trueba*. Hospital Universitario Virgen Del Rocío, Farmacia, Sevilla, Spain

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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.