Results There are 242 chemical substances included in the Portuguese NHFM that were classified as PIM by at least one of the three tools. It was observed that, of these 242 chemical substances, 181 were classified as PIM by the STOPP criteria, 136 by the EU(7)-PIM list and 64 by Beers criteria. About 17% of identified PIMs were present in all three tools. About 27% of all PIM in the NHFM belonged to the ATC group C (cardiovascular system), 23% to group N (nervous system) and about 15% to group A (alimentary tract and metabolism). The SmPC of about 36% of the identified PIMs did not have special recommendations or precautions for use in older patients.
Conclusion and relevance Identification of PIM by hospital pharmacists, using adequate tools, is essential to contribute to the reduction in drug related problems in older patients.

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No conflict of interest.

5PSQ-016 TOLVAPTAN ASSOCIATED CREATINE KINASE ELEVATION IN TWO PATIENTS WITH AUTOSOMAL DOMINANT POLYCYSTIC KIDNEY DISEASE

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Background and importance Autosomal dominant polycystic kidney disease (ADPKD) is a genetic disorder that causes kidney damage; the treatment goal is to postpone renal failure. The only specific treatment approved for ADPKD is tolvaptan (Jinarc, Otsuka Pharmaceutical), an arginine–vasopressin receptor antagonist taken orally—45 mg in the morning and 15 mg in the evening.
Aim and objectives To present two cases of tolvaptan associated toxicity.
Material and methods The cases were detected and monitored by a nephrologist during outpatient visits in our centre, and laboratory tests were done during this time. After a suspicion of tolvaptan associated toxicity, the electronic clinical records and laboratory tests were reviewed.
Results Case 1: a 43-year-old man with ADPKD, whose mother had ADPKD, had been using losartan, carbonate calcic, manidipine, valsartan and hydrochlorothiazide. He started tolvaptan at the lowest dose. It was well tolerated and weeks later creatine kinase (CK) plasma levels increased dramatically (table 1). Tolvaptan was stopped and CK levels recovered to baseline levels. The patient reported he felt better after treatment discontinuation.

Case 2: a 41-year-old man with ADPKD, whose mother and siblings were also affected, was treated with enalapril, amlodipine and allopurinol. He started tolvaptan at the lowest dose with good tolerance. An increase in CK was detected, treatment was stopped (all other treatments continued) and CK plasma levels declined (table 1).

Abstract 5PSQ-016 Table1 Evolution of CK and creatinine plasma concentrations

	Date	Treatment duration (days) (*days after treatment cessation)	CK levels (UI/L) (55–171 UI/L)	Creatinine (mg/dL)
Patient No 1	11/12/2018	11	264	1.73
	19/12/2018	19	585	1.74
	27/12/2018	*7	356	1.72
	09/01/2019	*20	278	1.8
	15/02/2019	*36	244	1.64
	13/03/2019	*65	308	1.88
	17/03/2019	*69	312	1.82
	29/05/2019	*161	248	1.82
Patient No 2	10/05/2019	5	153	1.62
	22/05/2019	17	854	1.65
	24/05/2019	*1	712	1.65
	30/05/2019	*8	304	1.76
	05/06/2019	*13	358	1.72
	30/06/2019	*28	167	1.58

Neither patient No 1 nor patient No 2 showed clinical symptoms. They reported that they had not taken other treatments and had occasionally performed moderate exercise, as usual. In the absence of other justifications, according to the *Naranjo* causality assessment, it was probable (6 points) that tolvaptan caused hyperCKaemia.
Conclusion and relevance These are the first cases of tolvaptan induced hyperCKaemia reported. HyperCKaemia could be common in ADPKD patients taking tolvaptan and might be underestimated. It is advisable to monitor CK serum concentrations in these patients.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

5PSQ-017 PCSK-9 INHIBITORS: REAL WORLD EFFECTIVENESS

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Background and importance Pharmacological therapy for hypercholesterolaemia aims to reduce circulating low density lipoprotein (LDL) concentrations. A new therapy for patients who fail to achieve the desired targets consists of monoclonal antibodies that selectively and irreversibly bind proprotein convertase subtilisin/kexin type 9 (PCSK9) to prevent its binding to the LDL receptor (LDL-R)/LDL complex on the surface of hepatocytes. Increased LDL-R liver levels result in serum reduction of LDL cholesterol.
Aim and objectives The aim of this study was to define the effectiveness of two inhibitors, alirocumab and evolocumab, using changes in lipid parameters and ratios of patients during therapy. Furthermore, an additional goal was calculation of the 10 year cardiovascular risk according to the Framingham Heart Study algorithm that includes age, sex, systolic pressure, smoking, diabetes, antihypertensive therapy, LDL, high density lipoprotein (HDL) and total cholesterol.
Material and methods The study was conducted from May 2017 to September 2018. The 120 enrolled patients had at least a 6 month re-evaluation. Data were extracted from the

registers compiled and updated on the AIFA (Italian Drugs Agency) web monitoring platform. Patient data such as age, sex, smoking, diabetes, hypertension and adherence were extracted and processed using Microsoft Access. In the same way, lipid ratios were calculated, and factors and percentage cardiovascular risk at 10 years were calculated using the Framingham Heart Study algorithm.

Results Average age was 63 years and 68% were men. About 60% of 120 patients had arterial hypertension and 22% had diabetes mellitus. Concomitant therapy with statins (evolocumab–alirocumab) was present in 42% and 56% of patients, respectively, while intolerance was found in 52% and 47% of cases, respectively. Adherence to therapy was 100%. LDL and triglyceride concentrations decreased (LDL −60%) while HDL values remained constant over the study period. The percentage risk of a 10 year cardiovascular event was reduced from about 35% to 15% in 6 months and remained stable at 12 months.

Conclusion and relevance The results confirmed a reduction in LDL cholesterol levels. These drugs represent treatment for patients subject to therapeutic failure. Alirocumab and evolocumab are innovative drugs with high costs. Their use should be limited to patient categories who have no real feedback with conventional drugs used in hypercholesterolaemia.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

5PSQ-018 ADALIMUMAB IN PALMOPLANTAR PUSTULOSIS

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Background and importance Palmoplantar pustulosis (PPP) is a chronic disorder marked by the appearance of recurrent eruptions of fluid filled pustules or blisters on the hands and feet. Its aetiology is unknown and its relationship with psoriasis continues to be controversial. No standardised guidelines are available for treatment. Firstline therapeutic options for PPP include topical corticosteroids, an oral retinoid and photochemotherapy. Patients who do not respond sufficiently to firstline treatment may benefit from combination therapy with an oral retinoid and PUVA or from immunosuppressive therapy. In severe recalcitrant disease, there is some evidence that biologic antitumour necrosis factor drugs can be effective in treating PPP, but this evidence is based on open label trials and non-randomised studies and, therefore, actual efficacy is unknown.

Aim and objectives Our aim was to review the safety and efficacy of the biologic medication, adalimumab, in the treatment of PPP in a patient without response to specific treatments.

Material and methods An observational retrospective study was conducted in a 69-year-old woman who presented with a 9 year history of recurrent and painful eruptions of pustules on her palms and the soles of her feet. Prior treatment with triamcinolone cream, oral methotrexate and oral acitretin had not improved her skin lesions. She started adalimumab 40 mg per week×2 doses, followed by 40 mg every other week in our hospital over 15 months (2017–2018). Valuable data were collected from review of the medical history and dispensation registers. Clinical features were assessed using scales which measured the number of lesions and the state of the disease.

Results Symptoms improved in the patient after the initial dose, decreasing the size and number of lesions. Three occasional exacerbations resolved without increasing the dose of adalimumab with the support of topical calcipotriol/betamethasone and tazarotene. No serious adverse events were reported.

Conclusion and relevance In our case, treatment with adalimumab was safe and effective. Adalimumab could be a useful alternative in the treatment of severe recalcitrant disease or when there are contraindications to traditional systemic agents, such as pregnancy, a history of liver/kidney disease or uncontrolled hypertension. In order to assess the efficacy and safety of biologic medications, larger controlled studies are needed.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

5PSQ-019 EFFICACY OF SECUKINUMAB IN MODERATE–SEVERE PSORIASIS WITH A REDUCED TREATMENT REGIMEN

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Background and importance Secukinumab, an anti-interleukin 17 (anti-IL-17) drug, has proved to be effective in the treatment of psoriasis at its recommended dose of 300 mg at weeks 0, 1, 2, 3 and 4, and then monthly during the maintenance phase, according to the data sheet.

Aim and objectives To evaluate the efficacy of a reduced monthly dose of 150 mg in patients with moderate–severe psoriasis.

Material and methods A retrospective observational study was conducted including patients treated with secukinumab until March 2019. The variables recorded were sex, previous biological treatments, psoriasis area severity index (PASI) and dermatology life quality index (DLQI), initial and late, and also increases in dosage. Efficacy was assessed by the per cent reduction in PASI and the DLQI score. The data were obtained from the dispensing registry of outpatients and the medical history.

Results Forty-four patients were included, 48% were men. The initial average value for PASI was 6.36 (SD 3.43) and for DLQI 8.43 (SD 5.81). Secukinumab was the firstline biological treatment in 88.64% of cases, secondline in 45.45% and thirdline in 4.54%. In 86.36% of patients, treatment started with the reduced 150 mg monthly schedule and in 11.36% treatment started with the 300 mg monthly schedule: 26.4% (6 patients) of patients required a dose increase to 300 mg per month. The percentage of patients with reduced PASI was 16.67%, 9.52% and 45.24% for PASI 75/90/100, respectively: 43.9% obtained a DLQI after the start of treatment of 0–1.

Conclusion and relevance The reduced secukinumab regimen of 150 mg monthly both in patients who used it as a firstline biological treatment or after failure with previous treatments, proved to be an effective alternative for moderate–severe psoriasis but long term studies are needed to confirm the effectiveness of dose reduction.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.