

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

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#### 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

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#### 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.