BACKGROUND AND IMPORTANCE There are currently two drugs with the same mechanism of action, inhibitors of interleukin 17 (anti-IL-17), for the treatment of moderate–severe psoriasis. Aim and objectives To evaluate the efficacy of secukinumab and ixekizumab in terms of psoriasis area severity index (PASI) and dermatology life quality index (DLQI) in the treatment of moderate–severe psoriasis.

Material and methods A retrospective observational study was conducted in patients treated with secukinumab and ixekizumab from February 2016 to October 2019. The variables collected were sex, diagnosis and previous biological treatment. The variation in PASI and DLQI were studied as the main efficacy variables. Data were obtained from the record of outpatients and the electronic medical history.

RESULTS Eighty-four patients were included, 44% were men. In 50% of cases the anti-IL-17 drug was used as the firstline biological treatment, in 27% as the secondline, in 6% as the thirdline and in 7% as the fourthline or successive treatment. The baseline average PASI was 6.87 (SD=3.5) and the average DLQI was 7.07 (SD=3.7). Twenty-one patients could not be evaluated due to lack of data recorded after the start of the anti-IL-17 drug. The percentage of patients with a reduced PASI was 9.52%, 19.05% and 44.44% for PASI 75/90/100, respectively: 63.16% obtained a DLQI after the start of treatment of 0–1.

Conclusion and relevance Secukinumab and ixekizumab demonstrated effectiveness, representing a good therapeutic option for moderate to severe plaque psoriasis, including in both naive and patients refractory to other biological treatments. It is necessary to continue monitoring these patients to study the long term results.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

PSQ-022 ANALYSIS OF INFECTIONS ASSOCIATED WITH CENTRAL VENOUS CATHETERS USED FOR ADMINISTRATION OF PARENTERAL NUTRITION IN A THIRD LEVEL HOSPITAL

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Background and importance Central venous catheters (CVC) are devices used to draw blood and give treatments, including intravenous fluids and parenteral nutrition (PN). Among the side effects, bloodstream infections (BSIs) are considered to be the most severe complications, with a significant increase in morbidity and mortality.

Aim and objectives To determine the rate of catheter related bacteraemia (CRB) in hospitalised patients receiving central parenteral nutrition (CPN) and to determine the relationship to type of canalised route.

Material and methods A prospective study was conducted in a third level hospital from 1 January 2016 to 30 June 2019. All admitted patients who received CPN were included. Data registered were hospitalisation unit, type of canalised route, days with CVC and isolated microorganisms in case of infections. The infection rate used was CRB/1000 days of CVC.

Results During the study period, 525 CVC were analysed in 428 patients: 76.6% were inserted in the operation room, 18.3% in the intensive care unit (ICU) and 5.1% in the hospitalisation room. The most common access was the jugular