(ReNaSFO) established a joint action to update existing data on QoL and its correlation with use of disease modifying drugs in Italian patients. The results will be helpful as reference for future studies using PRO.

**Aim and objectives** The primary endpoint was QoL score in MS patients. Secondary objectives included QoL correlation with pharmacological therapy and clinical characteristics of patients.

**Material and methods** We designed a multicentre, observational, cross sectional study. Every patient had to complete a questionnaire on QoL (MS-QoL54) and the pharmacist collected the following data: sex, age, MS type, expanded disability status scale (EDSS) and history of pharmacological treatments. The study was approved by an ethic committee in each centre and patients provided signed informed consent. As MS-QoL54 scores were not normally distributed, we used Spearman’s correlation test, ANOVA on ranks for multiple comparisons and the Mann–Whitney test for simple comparisons.

**Results** We enrolled 341 patients from 16 centres (median age 44.1 years; 68.9% women) with relapsing–remitting MS from May 2018 to June 2019 (median 20 per centre). The composite indexes of physical and mental well being were correlated with each other (R=0.826; **p**<0.001) according to a direct proportionality, and both had an inverse correlation with the degree of EDSS disability (R=−0.511, **p**<0.001 and R=−0.344, **p**<0.001, respectively). Although there was no correlation between QoL and route of administration of the drug, we found significantly lower scores for patients treated with teriflunomide compared with other oral drugs (54.24 points vs 67.64 for fingolimod and 78.25 for dimethyl-fumarate; **p**=0.002).

**Conclusion and relevance** The study achieved primary and secondary endpoints and indicated a relevant decrease in QoL related to physical health associated with teriflunomide, which deserves further investigations. We also demonstrated that joint action by a scientific society and a student association was a valuable method to perform a non profit, multicentre, observational study in real practice.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**


No conflict of interest.

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**5PSQ-061 ALEMTUZUMAB FOR RELAPSING–REMITTING MULTIPLE SCLEROSIS: EFFECTIVENESS AND SAFETY**


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**Background and importance** Alemtuzumab is a humanised monoclonal antibody that selectively targets CD52, indicated in adult patients with relapsing–remitting multiple sclerosis (RRMS).

**Aim and objectives** To assess the effectiveness and safety of alemtuzumab for RRMS in the clinical setting.

**Material and methods** A retrospective observational study of all patients with RRMS treated with at least one course of alemtuzumab from July 2016 to March 2019 was carried out. The drug was administered by intravenous infusion on 5 consecutive days at baseline and on 3 consecutive days 12 months later. All patients received prophylaxis with methylprednisolone, anisthistamines, antipyretics and acyclovir.

Alemtuzumab was started in adults with active disease, defined by clinical or imaging features despite the use of immunomodulating therapies, or having a fast and aggressive course. The variables studied were sex, age, time from diagnosis, expanded disability status scale (EDSS), previous treatment, number of cycles, adverse events (AE) and number of relapses.
EFFECTIVENESS OF ADALIMUMAB IN INFLAMMATORY SERIOUS CELLULITIS IN A PATIENT WITH ATOPIC DERMATITIS

Background and importance

Adalimumab is an antitumour necrosis factor-α (anti-TNF) agent indicated in ulcerative colitis (UC) and Crohn’s disease (CD). Primary non-response to anti-TNF has been suggested as predictive of poor response to retreatment with another anti-TNF.

Aim and objectives

To assess the effectiveness of adalimumab as the second anti-TNF agent administered, evaluating the influence of response to the first anti-TNF agent.

Material and methods

A descriptive retrospective study to July 2019 was conducted. All patients with inflammatory bowel diseases (IBD) treated with adalimumab as the second anti-TNF agent were selected. Variables collected were age, gender, diagnosis, previous anti-TNF therapy, reason for switch, response to anti-TNF, therapy duration and Mayo clinic score (MCS). Effectiveness was measured by MCS at 12, 36 and 60 months. Clinical remission (R) was MCS ≤2 points, clinical response (CR) was a decrease from baseline in MCS ≥3 points and lack of response (LOR) was none of the above. Patients with LOR and treatment suspension in 1 week were considered as LOR in the following weeks. Influence of response to the first anti-TNF agent was evaluated using the relationship between types of response to the first and second treatments. Primary non-response to anti-TNF was defined as LOR after induction of anti-TNF treatment: before week 10 for infliximab and before week 4 for adalimumab. Secondary non-response to anti-TNF treatment was considered as LOR after induction therapy.

Results

Eleven patients, 63.6% women, mean age 38 (24–54) years, were included. Median time from RRMS diagnosis was 10 (4–20) years and mean baseline EDSS was 3.5 (2–5.5).

Patients were previously treated with a median of 3 (2–4) drugs: interferon beta-1a (IFNβ-1a) intramuscularly (45.5%), IFNβ-1a subcutaneously (27.3%), glatiramer acetate (27.3%), natalizumab (90.9%), fingolimod (27.3%) and dimethyl fumarate (18.2%). Seven patients completed two courses of alemtuzumab, and the second course is pending in three patients. One administration was suspended due to an infusion related reaction (IRR), requiring intensive care. The mean relapse rate was 0.36 (0–2). All patients experienced IRRs: lymphopenia (63.6%) and skin disorders (72.7%). Most were mild and limited in time, except for one patient with skin rash, pruritus and oedema, requiring discontinuation of treatment. Other AE were urinary tract infection (18.2%) and herpes zoster infections (9.1%).

Conclusion and relevance

According to our results, alemtuzumab was effective in clinical practice due to a low relapse rate. However, further studies with a larger number of patients are needed to confirm these results. IRRs were frequent. Nevertheless, AE were mild and well tolerated.

REFERENCES AND/OR ACKNOWLEDGEMENTS

None.

No conflict of interest.