

profile of the two drugs in a real life setting appeared similar to that found in clinical trials, in terms of both incidence and type of ADRs.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

5PSQ-068 INCIDENCE OF FUNGAL INFECTIONS IN PATIENTS TREATED WITH IXEKIZUMAB

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10.1136/ejhp-pharm-2020-eahpconf.385

Background and importance IL-17 mediated immunity is essential for the protection of skin and mucous membranes against fungal infections. Candida infections have been reported in pivotal trials of antibody agents against IL-17, such as ixekizumab. However, there is little evidence in real world patients.

Aim and objectives To evaluate the incidence of candida infection in adults treated with ixekizumab.

Material and methods A retrospective observational study was conducted in patients treated with ixekizumab from January 2017 to December 2018 in a third level hospital. Data collected were demographics, indication, previous therapies, ixekizumab treatment duration, amount of candidiasis risk factors (>65 years, obesity, DM2), number of patients who developed candidiasis and duration of treatment before developing candidiasis. Data were obtained from clinical charts and the electronic prescription programme.

Results During the study period, 45 patients were treated with ixekizumab. Mean age was 48 years (range 19–73) and 34 were men. Thirty-three patients had a diagnosis of psoriasis and 12 had a diagnosis of psoriatic arthritis: 32 patients had previously received phototherapy, 40 topical treatment and 33 biologic therapy. The mean duration of treatment with ixekizumab was 43 weeks (range 8–121 weeks).

Over half of the patients (23/45) presented risk factors: 21 were obese (body mass index >30), 4 were diabetic and 5 were aged >65 years. Three patients developed oral candidiasis after 29 weeks, 25 weeks and 43 weeks after starting ixekizumab treatment. Two of them presented risk factors associated with candida infections (one was 73 years old, obese and diabetic; the other was 69 years old with no other comorbidities). No patient was required to discontinue ixekizumab treatment. All candidiasis episodes were resolved with conventional antifungal treatment.

Conclusion and relevance Compared with the ixekizumab pivotal trials (UNCOVER trials) the incidence of candida infection was found to be slightly increased in real world patients (3.3% vs 6.6%). Further studies are necessary for a more comprehensive evaluation of the risk of candidiasis. Patients undergoing such treatment should be monitored for fungal infections and treated as necessary.

REFERENCES AND/OR ACKNOWLEDGEMENTS

- Saunte DM, Mrowietz U, Puig L, Zachariae C. Candida infections in patients with psoriasis and psoriatic arthritis treated with interleukin-17 inhibitors and their practical management. *Br J Dermatol* 2017;**177**:47–62.

No conflict of interest.

5PSQ-069 CONCOMITANT PRESCRIPTION OF DRUGS FOR OSTEOPOROSIS AND MEDICATION THAT INCREASE THE RISK OF FALLS

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10.1136/ejhp-pharm-2020-eahpconf.386

Background and importance Fractures are the most common injuries seen after a fall. Falls among the older population are associated with a high morbidity and mortality. The aetiology of falls is usually multifactorial and the use of several types of drugs has been associated with an increased fall risk. As drugs are a modifiable risk factor, periodic drug review and eventual withdrawal of drug related falls could be a possible strategy to prevent falls in older people.

Aim and objectives The aim of the study was to analyse the proportion of patients who were treated for osteoporosis and were taking, concomitantly, any drug that increased the risk of falls.

Material and methods A retrospective observational study was conducted in three primary care centres covering a population of 97 722 people. Study population: patients with a prescription of any drug for osteoporosis. Data collected were age, gender, drugs for osteoporosis treatment and drugs that had a medium or high fall risk.

Results A total of 1594 patients were treated with drugs for osteoporosis: 91.5% were women, median age was 72.4 (SD 10.6) years. Drugs for osteoporosis prescribed were: alendronate (62.7%), denosumab (15.5%), alendronic acid+colecalciferol (6.2%), risedronate (6.2%), ibandronate (3.5%), raloxifene (3.0%), teriparatide (1.8%), bazedoxifene (1.0%) and etidronate (0.1%).

We found that 69.1% of patients had an active prescription of a drug that increased the risk of falls: 38.5% of patients had one drug concomitantly prescribed; 30.5% two; 17.9% three; 8.7% four; and 4.4% five or more.

The most prescribed drugs related to falls were (expressed as per cent of prescriptions): anxiolytics (N05B) (21.2%), antidepressants (N06A) (19.5%), high risk antihypertensives (beta-blockers (C07A) (9.2%) and angiotensin convertor enzyme inhibitors (C09A) (8.9%)), opioid analgesics (N02A) (8.3%), medium risk antihypertensives (calcium antagonists (C08C) (7.4%) and angiotensin II receptor antagonists (C09C) (5.5%)), antihypertensives combined with diuretics (C09C, C09B) (7.3%), hypnotics and sedatives (N05C) (5.4%) and antiepileptics considered as high or medium risk (valproic acid, carbamazepine, clonazepam, phenytoin, phenobarbital and gabapentin) (3.7%).

Conclusion and relevance Concomitant prescription of drugs for osteoporosis and drugs that increase the risk of falls is common. Periodic drug review is required to reassess the necessity of continuing drugs that contribute to the risk of falls in patients treated for osteoporosis.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.