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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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 7 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 candidiasis found was 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

No conflict of interest.