Material and methods We analysed 148 patients treated with pirfenidone (72% men; 28% women) and 120 treated with nintedanib (77% men; 23% women) from September 2016 to September 2019. The average age of the patients treated with pirfenidone and nintedanib was 72.7 and 74.4 years, respectively. Drug tolerability was compared by a Student’s t test considering the average number of days of treatment (DOT) for patients who started the therapy since September 2016 (n=88 pirfenidone; n=120 nintedanib). The safety of the two treatments was compared by analysing the adverse drug reactions (ADRs) reported. ADRs were classified as: nausea/vomiting (NV), diarrhoea, rash, weight loss (WL) and non-specific gastrointestinal disturbance (nsGID). We also considered the type of action taken (interruption, reduction of dosage) and compared the frequencies using a \( \chi^2 \) test.

Results The Student’s t test showed no statistically significant difference in the average DOT between the two treatments (t=0.9803, df=206, p=0.3281). We detected 30 ADRs in 148 patients treated with pirfenidone (4 of which were severe) and 66 in 120 patients treated with nintedanib (1 severe). Nintedanib showed a greater percentage of ADRs at the gastrointestinal level (NV 18%, diarrhoea 42%, WL 23%, nsGID 39%) compared with pirfenidone (NV 17%, diarrhoea 7%, WL 13%, nsGID 20%). Pirfenidone instead showed a greater percentage of rash (44%) compared with nintedanib (8%). The \( \chi^2 \) test carried out on type of action taken showed a statistically significant difference in the distribution of patients who suspended or reduced the dosage for the two drugs (\( \chi^2 (96)=3.9329, p<0.0023, df=1 \)). Nintedanib showed a higher percentage of patients who reduced the dosage (70%) compared with pirfenidone (37%), probably due to the different dosage titrations. The percentage of patients who suspended therapy was higher for pirfenidone (63%) than for nintedanib (30%).

Conclusion and relevance Although the tolerability of the drugs was comparable, nintedanib showed a higher incidence of ADRs compared with pirfenidone but with a lower severity.

REFERENCES AND/OR ACKNOWLEDGEMENTS
No conflict of interest.

5PSQ-102 ABSTRACTS SUBCUTANEOUS BIOLOGIC THERAPY

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Background and importance Biologic treatment optimisation (BTO) consists of reducing the dose and/or increasing the interval between doses in patients who have maintained their therapeutic goal for at least 6 months. In 2013, our hospital created a BTO protocol for chronic inflammatory arthropathies, based on the consensus established between the Spanish Rheumatology Society and the Hospital Pharmacy Society.

Aim and objectives To analyse the percentage development of BTO for subcutaneous biologic therapy (SBT) in patients with chronic inflammatory arthropathies, and to determine the drugs involved after implementation of the protocol.

Material and methods This was an observational retrospective study comparing patients with chronic inflammatory arthropathies being treated with SBT and BTO in 2016 and 2019. Optimisation was defined as any prescription with a lower dose or a longer administration interval than usual. Variables measured were number of patients being treated with SBT, optimisation percentage (patients with optimised prescriptions/patients treated) and optimisation percentage for each drug
Results In September 2016, 246 patients were treated with SBT; 22% patients had their prescription optimised. Higher percentages for optimisation were observed for tocilizumab, adalimumab and etanercept (44%, 34% and 22%, respectively). Golimumab, certolizumab and abatacept had lower percentages for optimisation (15%, 11% and 8%, respectively).

In September 2019, 337 patients were treated with SBT: 32% patients had their prescription optimised, 10% more than in 2016. A higher percentage of optimisation was observed for tocilizumab, etanercept and adalimumab (55%, 45% and 44%, respectively). Golimumab, certolizumab and abatacept had a lower percentage of optimisation (32%, 27% and 27%, respectively). Optimisation of secukinumab was very limited (2016, 0%; 2019, 3%). No prescriptions for ustekinumab or sarilumab were optimised.

Conclusion and relevance The rise in patients treated with SBT for chronic inflammatory arthropathies has been accompanied by a rise in the optimisation percentage over time, showing how rheumatologists consider BTO effective and safe. This strategy pursues the minimal effective dose with a consequent reduction in adverse events and economic savings. Optimisation was performed mainly for drugs that have been commercialised longer (adalimumab and etanercept) and drugs with a frequent dosing interval (etanercept and tocilizumab). Future comparisons will show if drugs with longer dosing intervals could also be optimised.

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5PSQ-103 EXPERIENCE OF ANTIFIBROTIC AGENTS IN THE TREATMENT OF IDIOPATHIC PULMONARY FIBROSIS

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Background and importance Antifibrotics are an important alternative for the treatment of idiopathic pulmonary fibrosis (IPF) but long term follow-up studies of their effectiveness and safety are required.

Aim and objectives To assess the safety and efficacy of pirfenidone and nintedanib in patients with IPF.

Material and methods A retrospective observational study was conducted in all patients treated with pirfenidone and nintedanib for >3 months. Variables collected were age, sex, forced vital capacity (FVC) at baseline, at 6 and 12 months, and at the end of treatment, duration of treatment, disease progression (absolute decline in %FVC >10%), exacerbations and hospitalisations per year of treatment rate was 0.19 for pirfenidone and 0.47 for nintedanib; hospitalisations per year of treatment rate was 0.21 for pirfenidone and 0.45 for nintedanib. The average ADR/patient was 1.0 for pirfenidone (19.2% ADR grade 2, 5.1% grade 3) and 0.97 for nintedanib (45% grade 2, 2.7% grade 3). The most frequent ADR in pirfenidone treated patients were gastrointestinal (24.1%), asthenia (22.4%), cutaneous reactions (18.9%), cough (15.5%) and myalgia (8.6%); for nintedanib, the most frequent ADR were gastrointestinal (73.5%, mainly diarrhoea), liver enzyme alteration (11.8%) and bleeding (8.8%).

Conclusion and relevance Both drugs had moderate efficacy and high toxicity. Although it was not a comparative study, pirfenidone showed better tolerance than nintedanib and patients had longer courses of treatment with stable disease.

REFERENCES AND/OR ACKNOWLEDGEMENTS
No conflict of interest.