(optimised prescriptions of a drug/prescriptions of that drug). Data were collected from the electronic prescription software.
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.

REFERENCES AND/OR ACKNOWLEDGEMENTS
No conflict of interest.

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 deaths due to IPF, hospitalisations due to respiratory causes and adverse drug reactions (ADR).
Results Ninety-four patients were included, 57 received pirfenidone and 37 nintedanib. Mean age was 67 years (79.8% men). The mean baseline%FVC was 69.9% (SD 16.98) for pirfenidone and 68.1% (SD 14.33) for nintedanib. Median duration of pirfenidone and nintedanib treatment was 31.1 months (0.8–56.3) and 16.2 months (5.8–36.8), respectively. Twenty-nine per cent of patients treated with pirfenidone had exceeded 2 years of treatment (2.5–4.7 years) and%FVC was stable at the present time compared with 18.9% in the nintedanib group. Of the patients treated with pirfenidone, 45.6% discontinued (33.3% in the first year) due to ADR (17.5%), disease progression (14.0%) or death (7.0% IPF related and 12.3% in total). For nintedanib, 62.2% discontinued (35.1% in the first year) due to ADR (18.2%), disease progression (21.6%) or death (5.4%, all IPF related). IPF related exacerbations 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 nintendanib, the most frequent ADR were gastrointestinal (73.53%, 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.

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5PSQ-104 DESCRIPTION OF A PHARMACOVIGILANCE PROGRAMME IN A TERTIARY HOSPITAL

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Background and importance Pharmacovigilance (PV) is a public health activity in which clinicians are legally and medically involved. Notification of adverse drug reactions (ADRs) is essential to ensure the safety of medications.
Aim and objectives To describe the ADRs notified to the Regional Centre of Pharmacovigilance (RPC).
Material and methods A retrospective study was conducted between January 1992 and December 2018. The hospital pharmacist (HP) was responsible for data collection and notification. PV started up in 1992 accompanied by a strong information and communication campaign. Data were recorded and analysed in Excel 2007: sex and age of patients, total number of reported ADR notifications, detection method, severity and outcome of the ADRs, medications involved and therapeutic group (ATC classification).
Results During the 27 years of the study period, 1246 ADRs were reported (annual average: 46±2.83): 53.6% of patients were men and 54.2% were >65 years old while 10.6% were <30 years old. Regarding the detection method, 59.7% came from the minimum database set for hospital (MDS-H), 34.3% by voluntary notification of health staff and the remaining (6%) were detected by the HP during treatment validation. Mild ADRs accounted for 16.8%, 45% were moderate and the rest were severe. The outcome of the ADRs reported was recovered without sequelae in 92.8% of cases; 14 patients died (1.1%). A total of 1353 drugs were involved (median 42 per year (IQR 33–76.3)). The major therapeutic groups were N (nervous system) with 20.2% and M (musculoskeletal system) 19.6%, followed by C (cardiovascular system) 16.6% and J (anti-infectives for systemic use) 15.6%.