

Conclusion and relevance Inhibition of the CDK4/6-Rb-E2F pathway by ribociclib showed preliminary limited clinical response in patients with AST and lymphomas. However, the observation of prolonged SD support further investigation of ribociclib in combination with other agents, especially mTOR/PI3K inhibitors.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

6ER-005 EFFECTIVENESS OF OMALIZUMAB AND BEE VENOM IMMUNOTHERAPY COMBINATION: CASE REPORT

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Background and importance Bee venom immunotherapy (b-VIT) is an established therapeutic option for anaphylaxis by hymenoptera venom. Some cases of omalizumab (anti-IgE monoclonal antibody) and b-VIT combination have been reported to suppress systemic reactions developing due to b-VIT itself.

Aim and objectives To describe the efficacy of omalizumab in avoiding the anaphylaxis risks due to b-VIT.

Material and methods A 33-year-old beekeeper woman, asthmatic, with a diagnosis of severe anaphylaxis due to hymenoptera venom, presented b-VIT management difficulties, suffering systemic reactions. b-VIT was initiated weekly and over 4 weeks, from 40 µg (0.4 mL) to 100 µg (1 mL), divided into two equal doses, separated by 30 min, each injected into a different arm, increasing progressively to 20 µg per week.

The patient then received doses of 50 µg (0.5 mL) in each arm, with 30 min between injections, per month over another 3 months. The following month she received 100 µg (1 mL) in one arm, suffering grade III anaphylaxis. It was decided to continue with the divided and spaced doses, presenting good tolerance. She suffered a new bee sting anaphylaxis and therefore 5 months later the off-label use of omalizumab 300 mg monthly was authorised to allow a dose increase in b-VIT.

Results After two single doses of omalizumab 300 mg in 1 month intervals she had a bee sting with just a local reaction. After that, omalizumab 300 mg plus 100 µg (50 µg in each arm) of b-VIT monthly was started. The dose of one arm was increasing while the other arm was decreasing proportionally until reaching the dose of 100 µg in one arm. Shortly after she had a completely asymptomatic new bee sting.

Conclusion and relevance The omalizumab and b-VIT combination was effective in suppressing undesirable systemic reactions in our patient. The last asymptomatic sting implies good expectations for its use. However, as there is little evidence of this off-label use, it is necessary to observe if the patient can continue the treatment without omalizumab in the future, even at higher b-VIT doses if necessary.

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6ER-006 DIGITAL LITERACY IN MULTIPLE SCLEROSIS

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Background and importance The emergence of new technologies has allowed great advances in the way we communicate. The hospital pharmacy can take advantage of these technologies available to the entire population to improve communication and access between healthcare professionals and patients. **Aim and objectives** To evaluate the level of digital health literacy of patients with multiple sclerosis (MS), their technological profile and their preferred way of communicating with the hospital pharmacist (HP).

Material and methods This was a descriptive observational study conducted between March and October 2019 in patients who attended for a pharmaceutical consultation. The information was obtained through paper surveys conducted anonymously during the patient's visit. The information collected was transferred to a Google form and the data obtained were analysed in a spreadsheet using descriptive statistics.

The sections of the survey were: sociodemographic data, technological profile (TP), knowledge and use of digital health tools (KD), assessment of the level of digital health literacy (AD) (using the eHealth Literacy Scale-eHEALS) and preferred patient-HP way of communication (PC).

Results The survey was completed by 57 MS patients, 64.9% women (n=39), with an average age of 41.6 years.

TP: 94.7% (n=54) of patients owned and used a 'smartphone' daily, 49.1% (n=28) used a laptop and 28.1% (n=16) used a tablet.

KD: 55.4% (n=31) used Google as a source of health information, 26.8% (n=15) did not use the internet to find information about their disease or drug treatment and 8.9% (n=5) stated that they consulted websites recommended by their doctor, pharmacist or nurse. Regarding the most consulted online sources of information, 80% (n=44) visited Google and 14.5% (n=16) patient forums. The best known and used digital tools were WhatsApp (89.3%,n=50), Facebook (50.9%,n=29) and email (52.6%,n=30).

eHEALS evaluation:

the average score obtained was 3.3±1.1.

PC: the preferred platform to communicate with the HP was instant messaging (IM) (61.5%), followed by email (48.1%) and telephone (42.3%). Most of the patients (56%) preferred to receive information from the HP when collecting medication, either monthly (39.6%) or during treatment changes (35.4%). In addition, 52% rated positively receiving information through IM.

Conclusion and relevance The surveyed patients have an acceptable level of digital health literacy and the majority used 'smartphones' and IM widely, making it a population of patients with a good technological profile for the development of mobile digital solutions based on instant communication. Despite this, patients prefer direct communication with the HP.

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