6ER-007 PERSISTENCE AND SAFETY OF ADALIMUMAB IN PSORIASIS

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Background and importance Psoriasis is a disease that has negative effects on the physical, psychological and social well being of patients, with a significant deterioration in quality of life and a negative impact on productivity. Several biological therapies are commonly used to treat moderate–severe psoriasis plaques, but due to their high cost, they represent a significant share of hospital spending. Adalimumab (ADA) is a monoclonal antibody used in psoriasis plaque, which specifically binds to tumour necrosis factor α (TNF), neutralising it.
Aim and objectives The main purpose in the treatment of psoriasis is to keep the skin affected under control. The aim of the study was to assess the long term persistence of ADA in patients with moderate–severe psoriasis plaque in clinical practice in our environment.
Material and methods A retrospective, observational, 10 year study (2009–2018) was carried out. All patients diagnosed with psoriasis and receiving ADA treatment during this period were located in the Farmatools V.5.54 'external patients' programme. The data were obtained from the pharmacotherapeutic history recorded in the pharmacy service. ADA was used following the official authorised indications.

The following data were collected: sex, date of birth, prior therapies, start date of treatment, changes in pattern (optimisations and intensifications), discontinuation date and causes.
Results In 46 patients, 33% women and 67% men, with an average age of 47.3 (23–74) years, 34.7% had received prior biological treatment (12 etanercept, 3 infliximab and 1 ustekinumab). In 15 patients (32.6%) the dosing regimen was optimised during treatment, even suspending it for extended periods of time. Seventeen patients (36.9%) switched to another biological treatment during the study (13 to ustekinumab, 2 to secukizumab and 2 to etanercept). In the statistical analysis, the average duration of treatment with adalimumab was 61 months.
Conclusion and relevance ADA represents an effective alternative in a high percentage of patients with psoriasis, with good long term persistence, allowing optimisation in many cases. The safety profile was favourable throughout the study period.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

6ER-008 STUDY OF THE USE OF DIMETHYL FUMARATE IN PATIENTS WITH RELAPSING–REMITTING MULTIPLE SCLEROSIS IN A THIRD LEVEL HOSPITAL

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Background and importance The therapeutic arsenal of multiple sclerosis has expanded in recent years. From the hospital perspective, we need to know what place these drugs should occupy in therapeutics.
Aim and objectives To study the use of dimethyl fumarate (DF) in relapsing–remitting multiple sclerosis (RRMS) and the adequacy of clinical practice guidelines in our hospital. We decided to focus our research on DF because it is the most prescribed recently marketed drug in our hospital.
Material and methods This was an observational, retrospective study and all patients who received at least one DF prescription from the outpatient pharmaceutical care unit between 2015 and 2019 were included. Data collected were age, sex, continuation or suspension of treatment, treatment line, pharmacological treatment before and after and duration of treatment. In the case of a change in treatment, the reason for the change was registered (ie, adverse events (AE) or inefficacy).
Results Thirty patients were included, 87% women, with a median age of 36.5 years (19–59) and 46.7% of patients were being treated with DF at the time of the study.

- DF was used as firstline treatment in 53% of patients and as secondline in 30% with the majority prior treatment being glatiramer acetate in 67%.
- Treatment changes were recorded in 53% of patients, of which 50% were due to AE and 50% to inefficacy. The most common AE was gastrointestinal disorder.
- Change in treatment for AE (n=8): the changes registered were for teriflunomide (5), glatiramer acetate (2) and beta interferon (1).
- Change in treatment due to inefficacy (n=8): cladribine (4), alemtuzumab (2), natalizumab (1) and teriflunomide (1).
- The average duration of treatment was 15 months.

Conclusion and relevance In conclusion, DF was used as a firstline treatment for RRMS in 53% of patients. The average duration of treatment in our centre was short considering that it is a progressive disease. In patients who suffered a change in treatment due to AE, it was mostly decided to switch to another firstline drug, generally teriflunomide. In patients who underwent a change in treatment due to inefficacy after firstline treatment, it was decided to go with secondline treatment, usually in patients with very active disease.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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6ER-009 TREATMENT PATTERNS IN MULTIPLE SCLEROSIS WITH DISEASE MODIFYING DRUGS

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Background and importance Over the past few years, several drugs for the treatment of multiple sclerosis have become available. Current guidelines recommend treatment selection with disease modifying drugs (DMD) based on patient or provider preferences. Studies based on hospital pharmacies contribute to a better knowledge of drug utilisation patterns in a real world setting and are very important in informing healthcare decision making in multiple sclerosis treatment.
Aim and objectives We aimed to characterise time trends in the utilisation of DMD for multiple sclerosis, between 2012 and 2017.