for adverse events (CTCAE) V.4.0 grades. Mean adherence at 96 weeks was calculated by the medication possession ratio based on pharmacy refill records.

**Results** Thirty-three patients started alirocumab treatment in 2017 and 31 (93.9%) were still on treatment after 96 weeks. Two patients (6.1%) discontinued therapy: one due to an active malignancy and one due to loss of follow-up.

Patient characteristics were 58.1% men with a median (IQR) age of 65 (11) years. Alirocumab dose was 75 mg/2 weeks in 87.1% of patients and 150 mg/2 weeks in 12.9%. Secondary prevention was 83.9% and there was a high cardiovascular risk in 80.6%. Type of hypercholesterolaemia was heterozygous familial in 29.0% of patients, polygenic in 67.7% and combined familial hyperlipidaemia in 3.2%. Statin intolerance was found in 38.7% of patients. Comorbidities included diabetes mellitus 19.4%, hypertension 54.8% and smoking 3.2%.

Median (range) adherence was 100% (81.7–100%) (only 2 patients (6.5%) with adherence <90%). Median (IQR) reduction in LDL-c reduction was 59.5 (22.6)%. Only one patient did not have a reduction in LDL from baseline (adherence 82%). A high cardiovascular risk was the only patient factor associated with 100% adherence (p=0.034). Mild adverse effects were present in 19.3% of patients (27.3% constipation, 18.2% flu-like syndrome, 18.2% pruritus and other (dizziness, palpitations, headache, dysgeusia) 9.1% each). All adverse effects (100%) were classified as CTCAE grade 1.

**Conclusion and relevance** More than 90% of patients starting alirocumab persisted with treatment for 96 weeks after initiation. Alirocumab showed good long term efficacy with a median reduction in LDL of >50%. It was also well tolerated because all reported adverse events were mild and did not lead to any treatment discontinuation.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

No conflict of interest.

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**Abstract 4CPS-024 Table 1**

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**Results** Thirty patients were included in the study (15.3% of the total BT for psoriasis in both hospitals), 16 (53.3%) of whom were men, and mean age was 50.2 (13.6) years.

Distribution by types of psoriasis: 30 (100.0%) plaque, 7 (23.3%) nail, 6 (20.0%) palmoplantar, 6 (20.0%) scalp and 2 (6.6%) inverse psoriasis. Thirteen (43.3%) patients had more than one type.

Distribution by treatment: 23 (76.7%) secukinumab and 7 (23.3%) ixekizumab. Twenty-three patients received at least one systemic agent, which was usually methotrexate (69.6%), followed by acitretin (26.1%) and ciclosporin (4.4%). Moreover, for 13 (43.3%) patients, the anti-IL-17 drug was the first BT, while in 17 (56.7%) there had been another BT previously. Two (6.7%) patients had previously received an anti-IL-17 drug, which in both cases was secukinumab.

**Abstract 4CPS-025 Table 1**

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**Conclusion and relevance**

- More than half of the patients had more than only plaque psoriasis.
- Most patients had been treated previously with one systemic treatment.
- Anti-IL-17 drugs were effective in clinical practice.
- There were no differences between secukinumab and ixekizumab in terms of effectiveness.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

No conflict of interest.