Material and methods This was a study of a series of patients diagnosed with moderate to severe AD and treated with dupilumab until October 2019. The data were obtained from the clinical history and the electronic prescription programme (SILICON). The variables recorded were: sex, age, previous treatments, cost of the vial through the medication management website in special situations and number of dispensations. Each case was evaluated by the local Biological and High Impact Medicines Commission (CAL). The criteria used to access the treatment were: diagnosis of moderate to severe AD, defined by a score on the doctor's global score scale (PGA) ≥ 3 and the eczema area and severity index (EASI) ≥ 16 , and minimal involvement of the body surface area (BSA) $\geq 10\%$, and been treated with glucocorticoids, oral antihistamines and cyclosporine. Effectiveness was assessed as a 75% reduction in EASI (EASI-75) at week 16 and a decrease in immunoglobulin E (IgE). The average cost per patient was calculated.

Results Three patients (two men) were included, with a median age of 23 years (17–32). In all cases they had been treated with topical and systemic glucocorticoids, oral antihistamines and cyclosporine. One of the patients had received methotrexate. All patients met the utilisation criteria agreed by the CAL. At week 16, all three patients reached EASI-75, and this was maintained over time. Baseline IgE values were: 1500, 10 004 and 6013. The levels decreased to normal values in the three patients. The average cost per patient was € 17 400 over the 26 weeks of treatment.

Conclusion and relevance The effectiveness of dupilumab was significantly improved by reducing injuries and itching. The criteria of use allowed the selection of those patients who could obtain the greatest benefit. The analytical determination of IgE could be a criterion to select the most serious patients, and a decrease IgE could be used as a variable to evaluate the effectiveness of dupilumab.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-026 DALBAVANCIN OFF-LABEL USE: EFFECTIVENESS AND SAFETY

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Background and importance Dalbavancin is approved for treating complicated skin and soft tissue infections. However, there is growing evidence that other severe gram positive infections could be treated with this antibiotic.

Aim and objectives To evaluate the use of dalbavancin in a tertiary hospital in Spain, as well as its effectiveness and safety for off-label indications.

Material and methods A retrospective observational study was carried out including all patients treated with dalbavancin in our hospital (October 2016–June 2019). Demographic, clinical and safety variables were collected. Effectiveness was assessed by the clinical and microbiological resolution of the infection, and the absence of hospital admissions due to the same infection in the following 3 months after receiving dalbavancin.

Results Ninety-two patients received treatment during the period of the study (70.7% men, n=65; median age 69.1

± 15.0 years). In 64 cases (69.6%) the treatment was off-label: bacteraemia (68.7%, n=44), endocarditis (18.8%, n=12), osteomyelitis (9.4%, n=6) and septic arthritis (3.1%, n=2).

Infections were caused by: *Staphylococcus aureus* (68.9%, n=44), *Enterococcus* (14.2%, n=9), empiric (6.3%, n=4), *Staphylococcus epidermidis* (3.1%, n=2), *Staphylococcus lugdunensis* (1.5%, n=1), coagulase negative *Staphylococcus* (1.5%, n=1), *Staphylococcus haemolyticus* (1.5%, n=1), *Streptococcus oralis* (1.5%, n=1) and *Streptococcus gordonii* (1.5%, n=1).

All patients had previously received antibiotics. Reasons for switching to dalbavancin were: patient discharge (85.9%, n=55) and toxicity caused by the previous antibiotic therapy (14.1%, n=9).

Dosage was: 1500 mg single dose (79.8%, n=51), 1500 mg on days 0 and 15 (11.0%, n=7), 1500 mg on day 0 and 500 mg on day 15 (3.2%, n=2), 1000 mg on day 0 and 500 mg on day 7 (1.5%, n=1), 1500 mg every 15 days: 3 times (1.5%, n=1), 4 times (1.5%, n=1) and 7 times (1.5%, n=1).

The first doses were administered during hospitalisation and the following doses, if required, in the outpatient setting. Length of hospital stay was reduced to 18.9 ± 10.7 days/patient.

A total of 92.2% of patients (n=59) presented clinical and microbiological resolution of the infection at the end of treatment. However, five patients were readmitted for treatment of the same infection during the follow-up period. Serious adverse effects related to dalbavancin were not reported.

Conclusion and relevance In most of our patients, dalbavancin was used off-label. Our results suggest that dalbavancin is a safe and effective alternative in the treatment of gram positive infections. Its dosage facilitates an early discharge and outpatient management of these patients.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-027 ANTIBIOTIC THERAPY REASSESSMENT AND ITS DOCUMENTATION: CAN VIRTUAL TOOLS IMPROVE PRACTICES?

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Background and importance Documentation of 48–72 hour antibiotic therapy reassessment is one of the evaluation criteria of good antibiotic use in health facilities. This item is only found in 30–50% of patient medical records in the literature.

Aim and objectives To assess the documentation at 72 hours of reassessment of antibiotic therapy in the medical records and to assess the impact of antibiotic awareness with virtual tools.

Material and methods A first audit of the 48–72 hour antibiotic therapy reassessment documentation was carried out. A total of 200 patient records were drawn randomly from 10 units. Following the results, several corrective actions were conducted. Results were presented to units, followed by a free discussion with prescribers. Then, an e-learning module was developed and validated by the local antibiotic commission.

This module contained 3 clinical cases and 13 questions emphasising reassessment and its documentation. A pop-up alert in the prescribing software was created for each