been treated previously with anti-TNF biologics and only 24.56% were naïve for BT. EULAR response after 12 months of ABA treatment was satisfactory in 48.94% (69/141) of patients. Clinical remission (DAS 28 <2.6) at 12 months was 28.37%. Bivariate analysis revealed a higher EULAR response in patients with a lower HAQ score (OR=0.22; 95% CI 0.06 to 0.66; p=0.012), EVA (OR=0.94; 95% CI 0.89 to 0.98; p=0.014) and lower DAS 28 score (OR=0.45; 95% CI 0.20 to 0.84; p=0.025) at the beginning. The incidence of adverse events was 12.87% and 7.8% after 6 and 12 months, respectively. 26.90% stopped ABA before 6 months due to ineffectiveness and 71.63% continued the therapy after 12 months.

Conclusion and relevance In conclusion, ABA exhibited good effectiveness and safety in RA patients, some of whom had failed to respond to previous TNFi treatment.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-175 CYTOTOXIC T LYMPHOCYTE ANTIGEN 4 MUTATIONS ON T REG AND ABATACEPT: A PAEDIATRIC CASE REPORT

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Background and importance The lymphoproliferative autoimmune syndrome caused by cytotoxic T lymphocyte antigen 4 (CTLA-4) insufficiency is characterised by immune dysregulation, haploinsufficiency and multiorgan disorders. This condition is classified as a rare disease and no drugs are yet registered for treatment. Abatacept, an antirheumatic agent that prevents T lymphocyte activation, was proposed.

Aim and objectives To report the clinical record of a 15-year-old female patient with autoimmune disorders.

Material and methods In 2015, the patient showed Gilbert pityriasis rosea with significant and diffused lymphoadenopathy, and levothyroxine was prescribed for her hypothyroidism. In July 2018, the patient had chronic urticaria and angio-oedema with a low antihistamine response. In April 2019, she showed persistent fever, asthenia and splenomegaly, associated with multiple lymphoadenopathies, compatible with a lymphoproliferative autoimmune syndrome.[1] Functional tests evidenced a significant reduction in CTLA-4 expression on T reg lymphocytes. In November 2019, omalizumab was started instead of levocetirizine with benefit. In February 2020, clinicians from the paediatric infections unit proposed to the internal pharmaceutical committee the use of intravenous abatacept as off-label chronic treatment to manage autoimmune disorders related to CTLA-4 mutations. As the patient was suffering from a rare disease, the pharmacists suggested compassionate use of the drug, as for the DM 07/09/2017, also due to the elevated cost of the therapy chosen.

Results The use of abatacept has shown a positive outcome to date (after seven doses), with regression in all lymphoadenopathy sites observed. Moreover, because the patient is successfully responding to intravenous administration in hospital, the ethical committee also approved the switch to the subcutaneous form which can be administered at home.

Conclusion and relevance Abatacept use in CTLA-4 mutations on T reg may represent a valid chance of positive disease regression. However, eight months of observation of a single patient is not sufficient and more studies and applications are required. Moreover, a literature research and evaluation led the pharmacist to suggest compassionate use to guarantee the patient's therapy and to optimise drug governance, not affecting hospital costs.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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5PSQ-176 DISCONTINUATION OF ETANERCEPT DUE TO ADVERSE EVENTS IN PATIENTS WITH RHEUMATIC DISEASES

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Background and importance Etanercept is a fusion protein composed of the p75 receptor of tumour necrosis factor (TNF) and the Fc portion of human immunoglobulin. It is indicated for the treatment of diseases such as rheumatoid arthritis, ankylosing spondylitis and psoriatic arthritis as its mechanism of action is blocking TNF.

Aim and objectives The aim of this study was to analyse the causes of treatment discontinuation due to adverse events.

Material and methods A retrospective study was performed in which all patients diagnosed with rheumatoid arthritis, ankylosing spondylitis and psoriatic arthritis treated with etanercept at some point (between 2007 and 2016) were included. Data for etanercept's dispensations, causes of treatment discontinuation, sex and age of the patients were collected. We used Excel to analyse the data.

Results 85 patients diagnosed with rheumatoid arthritis, 59 with ankylosing spondylitis and 44 with psoriatic arthritis treated with etanercept were included. 76.47%, 45% and 54.8% were women, with an average age of 58.2 (±13.6), 41.1 (±11.3), 55.3 (±13.1) in the rheumatoid arthritis, ankylosing spondylitis and psoriatic arthritis groups, respectively. 132 patients (70%) discontinued treatment with etanercept for different reasons. The main cause was adverse events, representing 28% of the total. Other causes were: secondary failure (27%), primary failure (22%), patient's reasons (5%) and remission (4%). Among the adverse events, about 50% were dermatological: 27.8% related to the injection site, 22.2% skin reactions and 44.4% due to hypersensitivity. Other causes were infection (21.6%), diarrhoea (5.4%) and neutropenia (2.7%), among others.

Conclusion and relevance Etanercept is the most commonly used anti-TNF biological drug to treat rheumatological diseases. Among the different reasons for treatment discontinuation with etanercept, adverse effects was the main cause (28%). Allergic reactions or skin reactions were the most common adverse events.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest