became available as a unique option for oral MS treatment in our hospital in 2017.

Aim and objectives To describe our experience with the use of TRF and assess its safety profile, as disease modifying therapies (DMTs) work differently and have different adverse reactions (AR).

Material and methods An observational retrospective study was conducted from January 2017 to January 2020. Collected variables from medical records were: age, sex, expanded disability status scale score (EDSS), previous DMTs, safety profile (AR, suspension of TRF treatment) and results of blood tests. Sustained disability progression was defined as at least a 1 point increase from the baseline EDSS score ≤5.5 (or at least a 0.5 point increase for those with a baseline EDSS score >5.5) sustained for at least 12 weeks.[1]

Results 45 patients were analysed, 10 men and 35 women (mean age 35.7 years). TRF was the firstline drug for 10 patients, the rest had switched to TRF from parenteral therapies: 7 subcutaneous glatiramer acetate, 20 intramuscular or subcutaneous interferon beta and 2 intravenous natalizumab. The main reasons for change were: convenience of oral administration, poor tolerance and AR at the site of injection. The average duration for TRF was 2.5 years with no suspension recorded. In this period, for 30 patients EDSS score remained stable. The mean change in EDSS from baseline was 0.7; no increase in disability progression. 30 patients showed no AR and 15 patients presented gastrointestinal disorders (9), temporary alopecia (4) or headache (2). 9 patients experienced moderate elevation of liver enzymes.

Conclusion and relevance TRF seemed to have a manageable safety profile, was well tolerated, and no new or unexpected AR were reported and there were no suspensions of treatment. Because our experience reflects only 3 years, increased monitoring is necessary to assess the long term safety.

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. AUBAGIO (package insert). Cambridge, MA: Genzyme Corporation

Conflict of interest No conflict of interest

4CPS-309 BARRIERS TO ADHERENCE WITH PRESCRIBED TREATMENTS IN MULTIPLE SCLEROSIS PATIENTS

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Background and importance Multiple sclerosis (MS) is a chronic progressive disease, one of the main causes of invalidity among young adults. Adherence may be difficult because treatment benefits are not immediately apparent, and most disease modifying therapies (DMTs) have tolerability and safety issues.

Aim and objectives In our hospital, where almost 800 MS patients are treated monthly, no study has assessed adherence, so the purpose of this study was to evaluate adherence and identify patient reported barriers regarding adherence.

Material and methods An observational retrospective study was conducted (January 2017 to January 2019). We evaluated adherence using missed dose ratio (MDR), and identified and quantified barriers to adherence using the MS treatment adherence questionnaire (MSTAQ). This tool has 30 items in three subscales: DMT barriers to adherence, DMT side effects (SE) and DMT coping strategies. We also collected demographic (age, sex) and treatment information (current DMT, DMT history, reason for switch therapy and exposure to treatment).

Abstract 4CPS-309 Table 1

MS-TAQ subscale	No of items	Score		
		Mean	Range	Observations
DMT barriers	13	2.18[1]	0-39	63% of patients reported no barriers (score 0)
DMT side effects	10	9.30[2]	0-40	Only 11.6% reported no SE (score 0)
DMT coping strategies	7	1.22[3]	0-7	36.6% do not use coping strategies

[1]Most common barriers, for 22 patients, were forgetting to administer DMT (58%), not "in the mood" to take DMT (22%) and feeling tired of taking DMT (16%).
[2]88.4% of patients reported SE such as injection phobia, injection site reaction and tolerability concerns.
[3]15 patients reported SE but no coping strategies in place, maybe because they were not aware of them.

Results 60 patients (44 women), average age 40.47 years had a mean treatment exposure of 6.38 years. Adherence was high because only 11 had missed one or more doses in the last month (MDR >0). When asked about missed dose in general, 22 patients reported barriers to taking medication. DMT scores are described in table 1.

Conclusion and relevance Overall, adherence was high even though there were some barriers to adherence. SE and long duration of treatment could affect adherence, which is why it is important to detect and overcome barriers using such questionaries, to identify in time non-adherent patients and counsel them appropriately on how to use more coping strategies.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-310 TOFACITINIB EFFECTIVENESS AND SAFETY RESULTS: REAL WORLD DATA

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Background and importance Tofacitinib is an oral JAK inhibitor indicated for the treatment of rheumatoid arthritis, psoriasis arthritis and ulcerative colitis. The efficacy and safety of tofacitinib have been shown in several randomised clinical trials.

Aim and objectives To evaluate the effectiveness and safety of tofacitinib in all indications used in a real world cohort of patients in a third level hospital.

Material and methods This was a retrospective observational study of patients who received tofacitinib from 2017 to March 2020. Demographic, clinical characteristics at baseline and outcomes analysed were: age, sex, diagnosis, number of days treated with tofacitinib, previous lines of treatment, objective response and adverse effects.