Background and importance Arthropathies are a heterogeneous group of pathologies that affect a high percentage of the population, affecting their quality of life. New forms of administration for the treatment of these diseases allow different results to be obtained compared with conventional treatments. But there is not much evidence of the effect on adherence in these patients after a change in treatment.

Aim and objectives To compare the effect that a change in medication may have on adherence in patients with an arthropathy.

Material and methods A retrospective observational study was conducted that included patients who had been treated for arthropathy in our hospital from January 2019 to January 2020 and who had undergone a change of treatment in the same or previous years. We included the following variables: demographics, treatment before and after change, and adherence before and after change. The Mann–Whitney U test was used for statistical analysis to compare the means for adherence with non-parametric distribution and the simple χ² test for association between two categorical variables.

Results During the study period, treatment was modified in 83 patients (37% men, mean age 53 years). In 64 cases, the route of administration was the same (63 subcutaneous and one oral), and was modified in 19 (10 changed from subcutaneous to oral and 9 from oral to subcutaneous). For patients who continued with the same route of administration, adherence decreased from 91.98% to 91.6% (p>0.05) for subcutaneous administration and the percentage of patients with adherence greater than 90% decreased from 74.6% to 71.4% (p>0.05). Patients receiving oral administration improved their compliance from 70% to 100%.

For patients with a change in the administration route, from oral to subcutaneous administration, adherence decreased from 97.3% to 92.7% (p>0.05) and the percentage of patients with adherence greater than 90% decreased from 88.9% to 77.8% (p>0.05). The change from subcutaneous to oral administration showed that adherence increased from 93.7% to 97.1% (p>0.05) and the percentage of patients with adherence greater than 90% from 80% to 90% (p>0.05).

Conclusion and relevance According to the modification of the route of administration, the data suggested an improvement in those cases where the subcutaneous route was modified to the oral route and worsening adherence from the oral to the subcutaneous route.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-326 ADALIMUMAB’S PERSISTENCE IN RHEUMATOLOGICAL DISEASES

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Background and importance Adalimumab is a human monoclonal recombinant antibody whose mechanism of action is mediated by binding specifically to tumour necrosis factor (TNF), neutralising its function. Adalimumab is indicated for the treatment of progression of pathologies such as rheumatoid arthritis, ankylosing spondylitis and psoriatic arthritis.

Aim and objectives To calculate the overall survival of adalimumab in patients diagnosed with rheumatoid arthritis, ankylosing spondylitis and psoriatic arthritis in our hospital.

Material and methods A retrospective study was performed in which all patients diagnosed with these pathologies who initiated treatment with adalimumab from January 2007 to December 2016 were included. Data for start date, date of discontinuation of treatment if suspension occurred, sex and