Aim and objectives To assess the effectiveness and safety of ixekizumab in MTSP in clinical practice.

Material and methods A descriptive, retrospective, multicentre study was conducted. Patients with MTSP receiving ixekizumab between 1 January 2017 and 30 September 2020 were included. Electronic clinical history and the prescription programme Farmatools were used to record data: sex, age, previous treatment, dosage and duration of therapy. Effectiveness was measured by the psoriasis area severity index (PASI): PASI-75 ($\geq 75\%$ reduction in baseline PASI), PASI-90 ($\geq 90\%$ reduction) and PASI-100 (total clearance of lesions) at weeks 12 and 36. Failure to achieve PASI-75 was considered no response. Safety was evaluated according to adverse events (AE) and discontinuations of treatment.

Results 46 patients were included, 27 (59%) were men. Mean age was 49 (23–74) years. Previous treatments: methotrexate (n=33), cyclosporine (n=29) and biological therapy (n=35). Mean number of prior biological drugs was 3 (1–5), including anti-TNF (etanercept, n=23; adalimumab, n=22; infliximab, n=3), anti-IL-12-23 (ustekinumab, n=16) and anti-IL-17A (secukinumab, n=7). All patients received ixekizumab with an induction dose of 160 mg at week 0 and then 80 mg at weeks 2, 4, 6, 8, 10 and 12. Maintenance dose was 80 mg every 4 weeks in 34 (74%) patients and every 6 weeks in 12 (26%). Mean duration of ixekizumab therapy was 17 (3–44) months.

Baseline PASI was >5 in all patients and >10 in 37 (80%) cases. Effectiveness was not evaluated in 5 (11%) patients at week 12 and in 8 (17%) patients at week 36 due to lack of information. At week 12: 1 (2%) patient presented PASI-75, 12 (26%) PASI-90, 23 (50%) PASI-100 and 5 (11%) no response. At week 36: 1 (2%) patient achieved PASI-75, 15 (33%) PASI-90, 16 (35%) PASI-100 and 6 (13%) no response. Regarding the safety profile, 3 (7%) patients presented AE: alopecia, eosinophilia and injection site reaction. No discontinuations of treatment were reported.

Conclusion and relevance Ixekizumab was effective and provided total clearance of MTSP lesions to half of the patients by week 12, with this considerable response in more than a third of patients at week 36. Ixekizumab was well tolerated, with a low frequency of AE.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-325 EFFECTS ON ADHERENCE IN PATIENTS WITH ARTHROPATHIES CHANGING TREATMENT

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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 allows 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 χ^2 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.

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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