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.

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

age of the patients were collected. Adalimumab's persistence was calculated in months from the beginning of treatment to the last dispensation register. We collected dispensation data from January 2007 to May 2019 to calculate adalimumab's persistence until this date. The drug's survival was calculated using the Kaplan–Meier method and the log rank test to compare survival in each of the pathologies. A significant difference was considered with a p value <0.05 .

Results 125 patients started treatment with adalimumab between January 2007 and December 2016; 48 patients (38.4%) were diagnosed with rheumatoid arthritis, 43 (34.4%) with ankylosing spondylitis and 34 (27.2%) with psoriasis arthritis. 52.1% of all patients were naïve for biological drug treatments. 83.3%, 48.8% and 52.9% were women aged 57.6 ± 43.8 , 47.1 ± 10.1 and 55.6 ± 14.0 years in the rheumatoid arthritis, ankylosing spondylitis and psoriatic arthritis groups, respectively.

After analysing the data using the Kaplan–Meier method, we obtained an overall survival of adalimumab in each pathology, which was greatest in psoriatic arthritis with 59.9 months (95% CI 39.6 to 80.2), followed by 46.8 months in rheumatoid arthritis (95% CI 31.5 to 62.0) and 38.8 months (95% CI 25.1 to 52.4) in ankylosing spondylitis. When we compared the different pathologies by the log rank test, adalimumab's persistence was statistically significant for rheumatoid arthritis and ankylosing spondylitis ($p < 0.00513$, $p < 0.0025$, respectively).

Conclusion and relevance Adalimumab is a biologic drug with proven therapeutic efficacy in the treatment of these pathologies. According to our data, adalimumab showed considerable persistence, which was greatest in psoriatic arthritis.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-327 EFFECTIVENESS, SAFETY AND ADHERENCE OF BARICITINIB AND TOFACITINIB IN RHEUMATOID ARTHRITIS

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Background and importance Janus kinases (JAK) inhibitors, baricitinib and tofacitinib, have emerged as an effective class in the treatment of rheumatoid arthritis (RA), which when administered orally offer an alternative to subcutaneous or intravenous biologic drugs, with efficacy and safety results comparable with those of biological therapies.

Aim and objectives To assess the effectiveness, safety and adherence to JAK inhibitors in patients with RA.

Material and methods A retrospective observational study was conducted in patients diagnosed with RA who received treatment with JAK inhibitors between 2017 and 2019 in a secondary hospital. Variables included were: sex, age, time since diagnosis, number of previous biologic treatments, dose and concomitant use of conventional disease modifying antirheumatic drugs. Clinical disease activity was assessed at months 0, 6 and 12 using the DAS28-ESR score.

Safety was evaluated according to adverse effects (AE). Adherence was calculated using the medication possession ratio

(MPR), percentage of days' supply obtained/refill interval or fixed interval, obtained from the pharmacy system.

Results 36 patients were included, 86% women (4 patients received both treatments). Age was 54 (SD 9) years and average time since diagnosis was 11 (SD 7) years. Average number of previous biologics was 2 (IQR 0–4). Treatment prescriptions were 50% tofacitinib (5 mg twice daily) and 50% baricitinib (4 mg four times a day except for two patients who had 2 mg four times a day). 53% of patients were taking concomitant methotrexate and 8% leflunomide.

From the 40 treatments assessed, 12 were stopped before 6 months and 3 before 12 months. The main reasons for discontinuation were: AE (40%) (headache, meningitis, oedema, skin lesions), primary treatment failure (33%) and secondary treatment failure (20%). DAS28-ESR before JAK inhibitors was 4.9 (SD 0.7), at 6 months 3.4 (SD 1.1) (22% in remission) and 3.4 (SD 0.5) (0% in remission) at 12 months. DAS28-ESR was reduced by ≥ 1.2 points (moderate response) in 44% of patients at 12 months.

AE were observed in 44% of patients, most commonly: infections (14%), headache (11%) and gastrointestinal disorders (8%). The mean MPR was 92 (SD 0.1)% after 6 and 12 months. Two patients had an MPR $< 80\%$ at 6 months and 4 at 12 months.

Conclusion and relevance In our study, the percentage of adherence to JAK inhibitors was high. Despite no patients in remission at 12 months, almost half showed a moderate response to treatment. However, more than a third of patients reported AE.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-328 BIOLOGICAL DRUGS FOR THE TREATMENT OF MODERATE-TO-SEVERE PLAQUE PSORIASIS: ANALYSIS ACCORDING TO THE MECHANISM OF ACTION

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Background and importance In the past years, many biological drugs have been approved for the treatment of moderate-to-severe plaque psoriasis.

Aim and objectives We aimed to describe the population of outpatients treated with biological drugs for moderate-to-severe plaque psoriasis according to the number and type of therapeutic shifts.

Material and methods We identified patients treated with a biological drug for moderate-to-severe plaque psoriasis (code ICD-9-CM 696.1 other psoriasis) from February 2017 to September 2020. Data were collected from drug refills by our pharmacy and electronically recorded. Biological drugs were considered according to the mechanism of action: anti-TNF- α (adalimumab, certolizumab, etanercept), anti-IL-17 (brodalumab, ixekizumab, secukinumab) and anti-IL-23 (guselkumab, risankizumab, tildrakizumab and ustekinumab). The therapeutic shift was intended as a change in the active substance, regardless of changes from an originator to its biosimilar/s, the pharmaceutical form (pen or syringe) or the dose.

Results From February 2017 to September 2020, 357 patients were treated with at least one biological drug for plaque