Abstract 4CPS-328 Table 1

No of patients	From	To
3	Anti-TNF-α	Anti-TNF-α
31	Anti-TNF-α	Anti-IL-17
5	Anti-TNF-α	Anti-IL-23
3	Anti-IL-17	Anti-TNF-α
8	Anti-IL-17	Anti-IL-17
3	Anti-IL-17	Anti-IL-23
2	Anti-IL-23	Anti-TNF-α
7	Anti-IL-23	Anti-IL-17
3	Anti-IL-23	Anti-IL-23

8 patients (2.2%) were treated with three biological drugs and 2 patients (0.6%) with four biological drugs. These patients used many different sequence combinations of these treatments.

psoriasis. Median age was 50.7 years (range 5.9–91.7) and 221 (61.9%) patients were men. 282 patients (79%) were treated with only one biological drug: 75 patients with anti-TNF-α, 132 with anti-IL-17 and 75 with anti-IL-23. 65 patients (18.2%) were treated with two biological drugs in sequence (table 1).

Conclusion and relevance More than 97% of patients were treated with only one (79%) or two (18.2%) biological drugs for moderate-to-severe plaque psoriasis, with a prevalence of anti-IL-17. Further investigation of the causes for the change from one to another biological drug is needed. These could include adverse events, ineffectiveness or other reasons.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-329 DO PATIENTS WITH IMMUNE MEDIATED INFLAMMATORY DISEASES THINK THEY KNOW THEIR MEDICATION?

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Background and importance Patients with immune mediated inflammatory diseases (IMID) have complex treatment. This is due to biological treatments, other chronic treatments, such as immunosuppressors, and the high load of treatments.

Aim and objectives The aim of this study was to evaluate the knowledge of patients with IMID about their chronic medication and biological therapies (BT), as well as the sources of information used by the patients.

Material and methods A transversal study of patients with IMID treated with BT was conducted in February 2020. A survey was designed that included the following variables: sex, age, biological treatment, route of administration, duration of treatment, number of chronic drugs, interest in medication from diagnosis, source of information about medication in the last year and interest in acquiring more information about the medication.

Results 60 patients were interviewed, 53.3% men, median age 53.4 years (IQR 36.1–70.7). The diagnoses were: inflammatory bowel disease (46.7%), rheumatoid arthritis (25%), ankylosing spondylitis (11.7%), psoriasis (10%) and psoriatic arthritis (6.7%). BT used were: infliximab (40%), adalimumab (10%), ustekinumab (10%), vedolizumab (10%), abatacept (5%), etanercept (5%), tocilizumab (5%) and others (15.1%). The main routes of administration were intravenous (61.7%), subcutaneous (33.3%) and oral (5%). Duration of treatment was 2 years (IQR 0.4–5.9). Median number of chronic treatments was 3 (IQR 2–6). 50.0% of patients reported being more interested in their medication since diagnosis. 76.7% had sought some type of information about their BT: internet (67.4%), health professionals (63.0%), environment (30.4%), news (17.4%) and other (8.7%). Chronic medication: internet (62.5%), health professionals (46.9%), environment (15.6%), news (15.6%) and other (6.2%). 90.0% preferred knowing why they take each medication. Median score for knowledge of BT, on a scale of 0–10, was 7.0 (5.0–8.0), and for the rest of the treatment 6.0 (5.0–8.0). 56.7% of patients would like more information about their BT and 45.0% about other medications.

Conclusion and relevance Most patients considered that they were aware of the medications they were taking and had an increased interest from diagnosis. However, a high percentage sought information about their treatments, which highlights the high demand for information from patients. The internet was the most used source of information, which could be a point of pharmaceutical intervention.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-330 INDIVIDUALISING THERAPIES THROUGH PHARMACOKINETICS: ADALIMUMAB FOR INFLAMMATORY BOWEL DISEASE

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Background and importance Biologic drugs are essential in the treatment of inflammatory bowel diseases (IBD) but it is necessary to individualise these therapies for optimal disease control. Pharmacokinetics have been shown to be useful for this aim.

Aim and objectives To analyse the clinical impact of adalimumab adjustment through pharmacokinetics and clinical parameters in IBD control.

Material and methods A longitudinal prospective study was conducted in a second level hospital in 2019, from June to December in patients with IBD treated with adalimumab that passed the induction phase. Data collected were sex, age and analytic parameters before and after treatment adjustment: plasma adalimumab levels and anti-adalimumab antibodies (ADAs) and previous adalimumab administration. Acute phase reactants (APR) were measured: C reactive protein (CRP), α-acid-glycoprotein (AGP) and faecal calprotectin. Overall patient status was obtained from the digital physician report; this parameter was reported as symptomatic or asymptomatic. We did one intervention per patient.

Interventions proposed were: treatment intensification (increasing dose and/or decreasing administration time), treatment deintensification (increasing administration time), drug