4CPS-251 INFLUENCE OF POLYPHARMACY AND COMORBIDITIES IN THE QUALITY OF LIFE OF PATIENTS WHO SUFFER HIP FRACTURE

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Background and importance Hip fracture is an increasing disease as the population get older. It has direct consequences in health systems in terms of quality of live and economic investment. Furthermore, these patients usually have comorbidities and take multiple medications.

Aim and objectives To analyse the impact of polypharmacy and comorbidity on the quality of life (QoL) of patients with hip fracture.

Material and methods Prospective and observational study with consecutive sampling of patients aged over 65 years admitted for hip fracture surgery during the study period. Functional ability (CUPAX test), nutritional risk (NRS), frailty (Fried *et al*), Charlson Comorbidity index, number of drugs and QoL variables were collected. QoL was assessed using the EuroQol-5D-3L questionnaire at the time of admission which referred to their baseline condition before the hip fracture.

A stepwise multiple regression was performed to study independent variables associated with QoL. The significance level for the different analyses was established as $p< 0.05$. The data analysis was performed using SPSS.

Results The study included 33 patients, mean age 79 years (SD ± 7), 73% women. Charlson Comorbidity Index was 5 (IC 4.2–5.5). The mean number of medications taken was 7.5 (IC 5.8–9.1). In the multiple regression analysis (adjusted $R^2=0.293$, p=0.001) the comorbidity index was associated with a lower EQ-5D index, while the number of drugs had no relation to the EQ-5D. None of the clinical variables of performance status, physical function and nutritional status showed statistical significance in the multivariable model.

Conclusion and relevance Charlson Comorbidity index but not the number of drugs had an impact on the QoL of admitted patients with hip fracture.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-252 ORAL AND INTRAVENOUS IRON IN THE TREATMENT OF PERIOPERATIVE ANAEMIA

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Background and importance Anaemia is common in the perioperative period and is associated with worse patient outcomes. Carboxymaltose intravenous iron (CII) administration contributes to its correction, at the expense of greater cost. Oral iron might be a more efficient alternative, so an assessment of effectiveness is needed.

Aim and objectives Assessment of effectiveness of oral iron and CII as combined therapy in the treatment of perioperative anaemia in surgical patients.

Material and methods This was an observational, retrospective, single centre study. Data were obtained from medical prescription covering a 2-year period (January 2017–December 2018). Surgical patients who received CII and oral iron in combination during the perioperative period were included.

The following variables were collected: sex, age, type of surgery, haemoglobin (Hb) before and after treatment with CII and oral iron, and duration of treatment.

Median and range was calculated for quantitative variables. Percentage was selected as the descriptive measure for discrete variables.

The primary variable considered to assess the effectiveness of the treatments was an increase of Hb >1 g/dL in the preoperatory and postoperatory periods in comparison with basal Hb in both stages.

Results A total of 37 patients who received CII and oral iron together during the perioperatory period were included (18 in preoperatory period and 34 in postoperatory). Median age was 47 (40–59) years. 85.3% (n=29) of the patients were women. Most common types of surgery were gynaecological (67%) and digestive (14%).

In the preoperatory period,18 patients who received oral iron had a basal Hb of 10.2 (9.0–10.6) g/dL. After 76.5 (28.5–137) days of treatment, no increase of Hb was observed (10.2 g/dL, 8.4–11.2). Only 11.1% (n=2) of patients obtained increases of Hb >1 g/dL. After posterior administration of CII, Hb values reached 11.0 (9.5–11.7) g/dL. An increase of Hb >1 g/dL was found in 27.8% (n=5) of patients.

In the postoperatory period, 34 patients who received oral iron had a basal Hb of 10.6 (9.5–11.5) g/dL, reaching a value of Hb of 12.6 (11.0–13.0) g/dL after 56 (48.3–90) days of treatment. 52.9% (n=18) of patients obtained increases of Hb >1 g/dL.

Conclusion and relevance CII treatment was more effective than oral iron in the perioperative period.

Oral iron treatment was more effective in the postoperatory period in comparison with the preoperatory period.

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4CPS-258 ACTIVATION, ADHERENCE AND HEALTH OUTCOMES IN PATIENTS WITH MODERATE TO SEVERE PSORIASIS TREATED WITH BIOLOGICAL DRUGS

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Background and importance Searching for novel methods that could increase the effectiveness of treatment with biological drugs we wanted to carry out a study to evaluate the measurement of patient activation.

Aim and objectives To evaluate activation according to the Patient Activation Measure-13 (PAM-13) questionnaire and to analyse the relationship between adherence and health outcomes in patients with moderate to severe psoriasis treated with biological drugs.

Material and methods *Design*: prospective observational study. *Inclusion criteria*: patients with moderate to severe psoriasis treated with biological drugs for more than 6 months, who attended dermatology consultations from 1 June 2020 to 1 July 2020. *Variables*: demographic (sex and age), related to treatment (time under treatment with biological drugs and study drug) and related to effectiveness (Psoriasis Area Severity Index (PASI): non-responders PASI $\geq$5).

The patient's ability to play an active role in health care was measured using the PAM-13 questionnaire: not active $\leq$55.1 and active $\geq$55.2.

Adherence to treatment was assessed by combining the Simplified Medication Adherence Questionnaire (SMAQ) and the rate of possession of the medication at 6–12 months (TPM; adherents TPM $\geq$80%). Non-adherent patients were those classified as non-adherent according to either of the two methods.

Results 31 patients (45% women) were included, with a mean of 48 years (95% CI 44 to 52), in treatment with biologics for 3.6 years (IQR 3.5); in active treatment with: adalimumab (32%; 10/31), secukinumab (29%; 9/31), ixekizumab (19%; 6/31) or others (19%; 6/31).

Two patients were considered to be non-responders (6%; 2/31). The PAM-13 classified 19% (6/31) of the patients as not activated. 29% (9/31) were considered non-adherent.

When associating activation with adherence, no differences were observed (χ^2=1.6; p=0.208) with 50% (3/6) of non-activated patients considered non-adherent.

When relating activation to effectiveness, statistically significant differences were observed (χ^2=8.9; p=0.003). The two non-responders were considered unactivated, while 86% (25/29) of the responding patients were considered activated.

Conclusion and relevance The higher proportion of responding patients found among activated patients indicates a positive relationship between activation and health outcomes, so promoting patient activation could contribute to improving the effectiveness of biological drugs in patients with moderate to severe psoriasis.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-260 PERSISTENCE AND SAFETY OF CALCITONIN GENE-RELATED PEPTIDE INHIBITORS IN CHRONIC MIGRAINE

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Background and importance Monoclonal antibodies against calcitonin gene-related peptide or its receptor (mAb-CGRP) offer improvements over available drugs in migraine prophylaxis. Safety and persistence are essential to achieve disease management goals.

Aim and objectives To assess the persistence and safety of mAb-CGRP in patients with chronic migraine in clinical practice.

Material and methods In this observational retrospective single-centre study, all patients with chronic migraine treated for at least 1 month with mAb-CGRP between December 2019 and September 2021 were included.

The primary outcome was first- and second-line persistence (patients treated less than 3 months were excluded), which was analysed using Kaplan–Meier survival curves and the log-rank test for comparison. Secondary outcomes were adverse effect rate and reasons for discontinuation.

Variables collected were age, sex, number of migraines/month, previous treatments, mAb-CGRP type, start and discontinuation date, reasons for discontinuation, mAb-CGRP switching and adverse effects (AEs).

Results Ninety-four patients with median migraines/month of 14 (IQR 10–20) were included; median age: 50 years (IQR 44–58); 84.04% women. All patients received at least three previous preventive treatments: botulinum toxin (100%), tricyclic antidepressants (90.43%), neuromodulators (88.30%), calcium-channel blockers (64.89%), beta-blockers (59.57%) and others (21.28%).

The main reason for discontinuation was ineffectiveness (80.77%). Other reasons were treatment ending, pregnancy, loss of follow-up and patient's decision.

Median overall persistence for first- and second-line treatment was 13.6 months (95% CI 11.01 to 16.19) and 9.0 months (95% CI 4.61 to 13.39), respectively. Median persistence in first line for erenumab was 13.4 months (95% CI 10.94 to 15.86), for galcanezumab 15.3 months (95% CI 11.81 to 18.79) and fremanezumab was not reached (p>0.05). The 12-month overall persistence rates for first and second line were 67.04% and 52.10%, respectively (p>0.05).

AEs appeared in 21 patients: constipation (8.51%), injection-related headache (5.32%), fatigue/arthralgia (4.26%),

Abstract 4CPS-260 Table 1

	Treatment line					
	First		Second		Third	
mAb-CGRP	Patients	Discontinuation	Patients	Discontinuation	Patients	Discontinuation
All	94 (100%)	38 (40.43%)	29 (34.52%)	11 (37.93%)	8 (8.51%)	3 (37.50%)
Erenumab	42 (44.68%)	17 (40.48%)	16 (55.17%)	7 (43.75%)	0	
Galcanezumab	40 (42.55%)	19 (45.23%)	12 (41.38%)	4 (33.33%)	0	
Fremanezumab	12 (12.77%)	2 (16.68%)	1 (3.45%)	0	8 (100%)	3 (37.50%)