initiated treatment with IL-17 inhibitors. Data of sex, age, diagnostic, previous biological treatment, start date and last dispensation date were collected.

Il-17's persistence was calculated in months using the Kaplan–Meier method and log-rank test to compare the survival along diagnostic, drug and line of treatment using SPSS Statistics, considering a p value <0.05.

Results A total of 80 patients were included (33 with ixekizumab (60% Ps, 40% PsA) and 47 with secukinumab (49% Ps, 51% PsA). 36% were men, median age 54 (IQR 42–60) years. 31.25% were treated as first line, 13.75% as second line and 55% at third line or more with a median of two previous biological drugs.

46.25% discontinued treatment during the study (60% ixekizumab, 50% secukinumab). 55% of patients had been treated for more than a year with IL-17 (35% of them for more than 2 years) and the rest 45% interrupted treatment before completing a year (58% for less than 6 months).

IL-17's persistence was 24.1 months (95% CI 17.9 to 30.2) vs 30.9 months (95% CI 24.3 to 37.4) for ixekizumab and secukinumab, respectively, and did not show a significant difference (p=0.774).

Comparing between groups, there were no differences in ixekizumab's persistence in Ps vs PsA (24.5 vs 14.2 months, p=0.97), secukinumab's persistence in Ps vs PsA (32.5 vs 24.3 months, p=0.6), Ps' persistence of ixekizumab vs secukinumab (p= 0.79) and PsA's persistence of ixekizumab vs secukinumab (p=0.83). Regarding the persistence of the treatment line this was similar in each group, and did not show any statistical differences.

Conclusion and relevance Both IL-17 inhibitors show a similar and considerable persistence of nearby 30 months globally. No significant differences were found either between between the drugs, diagnostics nor line of treatment.

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Conflict of interest No conflict of interest

5PSQ-094 REASONS FOR DISCONTINUATION OF SELECTIVE IMMUNOSUPPRESSIVE BIOLOGICAL TREATMENTS AGAINST PSORIASIS

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Background and importance Psoriasis is a chronic inflammatory skin disease. Pharmacological therapy in moderate-severe psoriasis requires systemic hospital-dispensed treatments (SHDT) whose objective is to improve quality of life.

Aim and objectives The primary endopoint of the study was to determine the cause for discontinuity (CD) of SHDT against psoriasis. The secondary objective was to analyse the CD by drug.

Material and methods An observational, descriptive and retrospective study was carried out on the population diagnosed with psoriasis and SHDT between 2016 and 2020 under follow-up by dermatology at our hospital. Data were obtained from the medical records and prescription medications program.

The CDs were grouped into seven items: lack/loss of efficacy, lack of adherence, patient decision, unacceptable toxicity, loss to follow-up, death, and others.

The drugs included were: adalimumab, apremilast, brodalumab, certolizumab pegol, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab.

Results 205 SHDTs for psoriasis were reviewed: 70 ustekinumab, 37 adalimumab, 28 secukinumab, 24 apremilast, 15 etanercept, 15 ixekizumab, 9 guselkumab, 4 brodalumab, 2 infliximab and 1 tildrakizumab. 86 treatment discontinuations were described: 53.5% lack/loss of effectiveness, 20.9% lack of adherence, 10.5% loss of follow-up, 7% other reasons, 4.7% unacceptable toxicity, 4.7% death and 3.5% patient decision.

51.2% of the incidents were with ustekinumab. 17.4% of discontinuations occurred in the adalimumab group, 9.3% apremilast, 9.3% etanercept, 9.3% secukinumab, 2.3% infliximab and 1.2% guselkumab.

100% of the infliximab discontinued treatments were due to lack of adherence, 100% of the treatment discontinuities due to unacceptable toxicity were associated with apremilast, and 100% of the losses to follow-up were detected in ustekinumab.

Conclusion and relevance The main CD in SHDT for psoriasis in our centre is due to lack/loss of response. Ustekinumab has been the drug that has registered the most discontinuations and losses to follow-up; this is explained by it being the treatment with the highest prevalence in the study. Visiting the hospital for infliximab administration has been shown to reduce adherence and interrupt treatment in patients who receive it.

The increment in SHDT that appeared in recent years to treat psoriasis increases the therapeutic options. Knowing the main CD of the different drugs and the characteristics of the patients helps to individualise the treatment.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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5PSQ-095 COMPARISON BETWEEN THE MAXIMUM RECOMMENDED DOSE OF AZATHIOPRINE ACCORDING TO THE ENZYMATIC ACTIVITY OF THIOPURINE METHYLTRANSFERASE AND 6-THIOGUANINE LEVELS WITH THE MAXIMUM TOLERATED DOSE

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Background and importance Azathioprine (AZA) is an analogue of purines used in inflammatory bowel disease (IBD) treatment. AZA is transformed by thiopurine methyltransferase (TPMT) into its metabolites,including 6-methylmercaptopurine (6-MMP) and 6-thioguanine (6-TGN).

Aim and objectives (1) Compare the maximum recommended dose of AZA according to TPMT activity and the maximum