5PSQ-156 REASONS FOR SECUKINUMAB TREATMENT DISCONTINUATION

C Pastor Mondéjar*, C Iniesta Navalón, A Martinez Soto, P Ortiz Fernandez, P Ferandez-Villacañas Ferandez, L Rentero Redondo, C Caballero Requejo, M Garcia Coronel, I Salar Valverde, E Urbieta Sanz. *Hospital General Universitario Reina Sofía, Pharmacy, Murcia, Spain*

10.1136/ejhpharm-2022-eahp.351

Background and importance Secukinumab is an immunoglobulin G1 monoclonal antibody that selectively binds to interleukin 17A and inhibits its interaction with the IL-A receptor. It is indicated in psoriasis (Ps), psoriatic arthritis (PsA) and ankylosing spondylitis in patients who do not respond adequately to conventional treatments.
Aim and objectives The aim of this study was to analyse the causes of secukinumab's treatment discontinuation.
Material and methods A retrospective study was performed in which all patients treated with secukinumab (between 2017 and 2021) were included. Data collected: sex, age, diagnostic, previous biological treatment, start date, date of the last dispensation, date of discontinuation treatment if suspension was occurred and reason for it. We used Excel to analyse the data.
Results A total of 64 patients were included (23 diagnosed with psoriasis, 24 with psoriatic arthritis and 17 with ankylosing spondylitis). 56.3%, were women, with a median age of 54 (IQR 42–60) years. 26.5% of patients used secukinumab as the first biological drug, with a median of two previous biological drugs. The global persistence of secukinumab was 27.3 (95% CI 21.7 to 32.9) months. A total of 37 patients (57.8%) discontinued treatment with secukinumab for different reasons. Primary failure was the main cause (43.2%), followed by adverse events (27.0%) and secondary failure (24.3%). The media persistence of patients who suffered a primary failure was 5.1 months versus 21.7 months for a secondary failure. Diarrhoea represented the most prevalent of the adverse events (44%), followed by infections (33%) and other causes like astenia, fever or cefalea. Other reasons for discontinuation were other illness (5.4%), remission (2.7%) and unknown causes (2.7%).
Conclusion and relevance Secukinumab showed a moderate percentage of treatment interruption, the main cause being primary failure, followed by adverse events, with diarrohea being the most common among them. However, patients with secondary failure or who go on treatment achieve a high persistence.

REFERENCES AND/OR ACKNOWLEDGEMENTS

1. Ruiz-Villaverde R, *et al.* Drug survival, discontinuation rates and safety profile of secukinumab in real-world patients: a 152-week, multicenter, retrospective study. *Int J Dermatol* 202;**59**(5):633–639

Conflict of interest No conflict of interest

5PSQ-157 SEVERE NEUROTOXICITY OF ORAL IVERMECTIN: A SYSTEMATIC REVIEW OF CASE AND CASE SERIES REPORTS

C Rodriguez Bernuz*, S Marin, T Eva, E Lidia, G Clara, B Andrea, V Ester, C Carla, A Marlene, Q Carles. *Hospital Universitari Germans Trias i Pujol, Pharmacy, Badalona, Spain*

10.1136/ejhpharm-2022-eahp.352

Background and importance Ivermectin is a broad-spectrum antiparasitic. It was tested to treat COVID-19 but no benefit was found through large studies. Severe encephalopathy occurrence is known in patients treated with ivermectin and coinfected by a large number of *Loa loa* microfilariae but there is a growing concern due to severe encephalopathy reports in other contexts.
Aim and objectives Assess the evidence about severe neurological toxicity cases after ivermectin use.
Material and methods Following the PRISMA recommendations for systematic reviews, a search combining terms associated with 'ivermectin' and 'drug toxicity' was conducted using the MEDLINE and LILACS databases for all relevant English- and Spanish-language articles from inception through 30 September 2021. Cases and case–control reports were included. We excluded articles not mentioning at least minimal information on 'ivermectin' or 'neurotoxicity' in a first screening phase. In a subsequent selection phase, articles were excluded if they reported data on paediatric or pregnant patients, intoxications, non-oral route administration or animal data. The outcome of interest was cases of severe neurotoxicity (SN) in adult/adolescent patients (>11 years) treated with ivermectin. Data were synthesised narratively.
Results 266 articles were assessed and 17 met the inclusion criteria. 6 cases and 11 cases series reports in patients treated for strongyloidiasis, onchocerciasis, loiasis and scabies infections reported SN occurrence such as consciousness disorders, seizure or convulsion, encephalopathy and coma. SN not only was associated with Onchocerciasis treatment in *Loa loa* coinfected patients. *Chandler RE* reported 28 SN cases after ivermectin use outside the Onchocerciasis indication and *Nzolo D et al* reported cases of SN even with low blood levels of *Loa loa* microfilaria. 2 studies associated SN with the presence of ABCB1 mutation. *Baudou E et al* reported the case of patient with two human ABCB1 mutations who suffered SN and *Bourguinat C et al* showed homozygotic haplotypes associated with alterations in drug disposition in 2 cases.
Conclusion and relevance Although SN has traditionally been reported after extensive *Loa loa* infections this occurs in other contexts. SN after ivermectin use must be detected early to avoid fatal consequences. Authors related this toxicity with human ABCB1 nonsense mutations that allow ivermectin penetration into the central nervous system. This could be a future field of research.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

5PSQ-158 FOOD AND DRINK MANAGEMENT AS PART OF MEDICATION ADMINISTRATION SAFETY

O Tesař*, J Malý, K Malá-Ladová, M Doseděl, J Vlček. *Charles University in Prague – Faculty of Pharmacy in Hradec Králové, Department of Social and Clinical Pharmacy, Hradec Králové, Czech Republic*

10.1136/ejhpharm-2022-eahp.353

Background and importance Wrong timing or composition of food or drink with drug administration could have a significant impact on a drug's therapeutic value or safety. To provide better overall quality provided by health care professionals at the hospital this area should also be improved.
Aim and objectives This project formed part of a larger study focused on medication administration safety in hospital wards. Project goals consisted of identifying risk areas of nurse