not affect the activity of CTX. In the case of *Toxoplasma gondii*, the folate of choice is folinic acid because the microorganism can intake exogenous folate through the BT1 family transmembrane proteins which also have no affinity for folic acid.

**Conclusion and relevance** In general, theoretically folic acid supplementation can be used to prevent myelotoxicity as it does not interfere with the action of the antibiotic in the case of bacteria. However, in infections caused by more complex eukaryotic organisms such as other fungi or parasites with lipophilic cell walls or specifical transmembrane proteins, each case must be evaluated on its own merits.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

**Conflict of interest** No conflict of interest

## 6ER-012 EFFECTIVENESS OF IL-23 INHIBITORS IN PATIENTS WITH MODERATE–SEVERE CHRONIC PLAQUE PSORIASIS

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**Background and importance** Inhibitors of interleukin-23 (IL-23 inhibitors) have emerged as safe and effective options for the treatment of moderate-to-severe plaque psoriasis. These drugs are contributing to a rising standard for psoriasis outcomes through resolution of skin lesions and joint manifestations and improvement of patient quality of life

**Aim and objectives** To evaluate the effectiveness of IL-23 inhibitors in patients with moderate–severe chronic plaque psoriasis

**Material and methods** This was an observational study including patients with moderate-to-severe psoriasis who were treated for at least 36 weeks with IL-23 inhibitors. Data collected, obtained from digital clinical history, were: demographic characteristics and previous biological therapies. The severity of plaque psoriasis was assessed by the Psoriasis Area Severity (PASI). Efficacy was evaluated by estimating the proportion of patients achieving PASI 75, PASI 90 and PASI 100 responses at weeks 16, 24 and 36. Student's t-test for paired samples was used to determine the significant difference in outcome of patients between PASI at baseline and PASI response at weeks 16, 24 and 36. Data were analysed using IBM SPSS Statistics v.19.0

**Results** A total of 35 patients were included, 21 women (60%), mean age 50.6±13.8 years. IL-23 inhibitors used were: guselkumab (n=26, 74%) and risankizumab (n=9, 26%). All patients had chronic plaque psoriasis. Most of them had previously been treated with a biologic agent (n=33, 94%). 5 patients (14%) discontinued the anti-IL23 therapy due to inefficiency. Mean PASI at baseline was 10.1±5. IL-23 inhibitors decreased mean PASI from baseline to 3±3.3 (p=0.003), 2±3 8 (p=0.001), 1.3±2.9 (p=0.001) at 16, 24 and 36 weeks, respectively. At 16 weeks, PASI 75, 90 and 100 response was achieved in 50%, 31.8% and 22.7% of patients; at 24 weeks, PASI 75, 90 and 100 response was achieved in 86.4%, 54.5% and 40.9%, whereas at 36 weeks, PASI 75, 90 and 100 response was achieved in 100%, 77.3% and 72.7% of patients, respectively.

**Conclusion and relevance** IL-23 inhibitors show great results in the management of moderate-to-severe psoriasis in adults. Results of this real-life study are consistent with the pivotal trials.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

**Conflict of interest** No conflict of interest

## 6ER-014 ANALYSIS OF THE EVOLUTION OF INTERLEUKIN-6 IN COVID-19 PATIENTS AFTER BEING TREATED WITH DEXAMETHASONE

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**Background and importance** Levels of interleukin-6 (IL-6) in patients with coronavirus disease 2019 (COVID-19) are particularly relevant before treatment with tocilizumab. According to the protocol established in our centre, levels of IL-6 above 40 pg/mL are required to start treatment with tocilizumab. Assessing the role of dexamethasone in the evolution of IL-6 during the first hours of the patient's hospital admission could help prevent premature use of tocilizumab.

**Aim and objectives** Assessing the evolution of IL-6 after the use of dexamethasone in patients diagnosed with COVID-19 and IL-6 >40 pg/mL.

**Material and methods** Descriptive, retrospective, observational study carried out between November 2020 and January 2021 in a second-level hospital. All patients with determinations of IL-6 were located. Those with IL-6 levels above 40 pg/mL were selected. Through a review of medical histories, COVID-19 patients who were treated with dexamethasone and with determination of IL-6 levels, both at the admission and within the following 96 hours, were chosen. Exclusion criteria: prescription of dexamethasone at least 24 hours before the first determination and use of tocilizumab before the first determination or between determinations. Data were subjected to Wilcoxon's test.

**Results** 41 patients met the criteria. 28 of them were men (66.7%) with a median age of 64 years (IQR 23). The median time between determinations was 48 hours (IQR 48). The median level of IL-6 at the time of the hospital admission was 85.6 pg/mL (IQR 110.9) and after being treated with dexamethasone it was 24.2 pg/mL (IQR 33.1). The median of differences was –66.1 pg/mL (IQR 67.3) and 87.8% of the patients experienced a decrease, observing a statistical association (p<0.01). 75.6% of the patients showed levels below 40 pg/mL and 21.9% showed levels within the reference range (<7 pg/mL). 12 patients (29.3%) were finally treated with tocilizumab, of which 7 (58.3%) still presented levels of IL-6 >40 pg/mL.

**Conclusion and relevance** Dexamethasone treatment reduced IL-6 levels to below 40 pg/mL in most patients in 48 hours.

IL-6 monitoring after dexamethasone treatment could help prevent inadequate use of tocilizumab.

It is necessary to research the benefits of tocilizumab for patients with low levels of IL-6.