4CPS-023 INDIVIDUALISATION OF TREATMENT WITH TOCILIZUMAB IN GRAVES ORBITHOPATHY

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Background and importance Graves orbithopathy (OG) is an autoimmune disease and the most common and important manifestation of Graves disease. For patients with moderate-severe disease, initial treatment with corticosteroids is recommended. However, some off-label treatments have been used that have suggested efficacy in various cohort studies and case series, such as tocilizumab.

Aim and objectives We present the case of a 62-year-old male patient. In 2018, Ophthalmology diagnosed OG according to the criteria of the European Group on Graves Orbithopathy (EUGOGO), with greater proptosis in the left eye compared to the right eye (13–17 mm). He also presented polyarthrosis, hypercholesterolaemia and hypertension. His treatment included carbimazole, losartan, hydrochlorothiazide, loratadine and atorvastatin. Hyperthyroidism was previously treated with tiamazol.

Material and methods For the evaluation of the disease, measures such as the clinical activity score (CAS) are used. First, the patient was treated with methylprednisolone and radiotherapy without improvement. The Maxillofacial Surgery Service dismissed an intervention considering that there still remained non-invasive treatments with potential benefit. In February 2020, the Ophthalmology Service requested Pharmacy Service off-label use of tocilizumab. The Pharmacy Service carried out bibliographic research and made a report with positive assessment for approval of treatment, supported mainly by a clinical trial. Five 8 mg/kg monthly doses of tocilizumab were administered. Finally, at week 44 (after 32 weeks free of treatment) there arose the possibility of administering two extra doses.

Results A notable improvement was observed with the first five doses of tocilizumab, achieving a CAS of 2 (low disease activity), with improvement in proptosis (11–15 mm) and good tolerance. A new improvement was achieved after week 44 over the one already shown with the first five doses, and both clinical and analytical parameters (antithyroglobulin levels) improved, with a decrease in the proptosis of both eyes (10–13 mm). The patient reported a good quality of life in the GO-Quality of Life questionnaire.

Conclusion and relevance The favourable evolution of our patient is consistent with the published data. We only found one clinical trial and some case series, with different dosage of tocilizumab. There still remain doubts about the optimal duration and the possibility of re-treatment with tocilizumab. Collaboration between Ophthalmology and Pharmacy Services is crucial for the rationalisation of therapy with tocilizumab.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-024 PHARMACEUTICAL INTERVIEWS DEDICATED TO VACCINATION: WHAT ROLE FOR THE CLINICAL PHARMACIST IN MONITORING THE VACCINATION COVERAGE OF AT-RISK PATIENTS?

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Background and importance Immunocompromised people and patients with chronic diseases require the application of specific vaccination guidelines. An immunisation assistance tool integrated into the computerised patient record (CPR) has been developed in our institution. Its impact has been evaluated in patients receiving injectable anticancer drugs (IAD) in an oncological indication.

Aim and objectives Propose pharmaceutical interviews (PI) dedicated to vaccination integrating the filling of the immunisation assistance tool and analyse the place of the clinical pharmacist in the monitoring of the vaccination coverage of at-risk patients.

Material and methods Over a 2-month period, 130 day patients receiving IAD were included. Patients received a PI conducted by a pharmacist or pharmacy student. They were informed of the vaccinations indicated in their situation and were given a dedicated flyer. Interviews were conducted using motivational techniques. At the end of the PI, an intervention was conducted with prescribers through a report incorporated into the CPR.

Results A total of 130 patients were eligible. Pharmaceutical interviews could be performed for 84.6% (n=110) of the included patients. The reasons for non-implementation were patient refusal (9.2%, n=12) or patient unavailability (6.2%, n=8). The median duration of a PI was 10 min (5 min; 30 min), mobilising half a full-time equivalent per day. Only 20.9% (n=23) of patients presented a vaccination record. The attending physician was contacted for 24.5% (n=27) of patients and the pharmacy for 20.0% (n=22). Of the patients who received a PI, 60.9% (n=67) were not aware of specific vaccination guidelines applicable to IAD treatment.

Conclusion and relevance As the creation of a vaccination history is time-consuming, the clinical pharmacist plays a facilitating role. Trained in the practice of medication reconciliation, he/she cross-references sources, solicits the attending physician and relies on the corresponding pharmacist. As an educator, he/she also helps to meet patients' need for information. In face of growing vaccine hesitancy and misinformation, the use of motivational interviewing techniques encourages constructive dialogue and helps to reinforce the acceptability of vaccination, although this aspect was not quantified in our study. However, the maintenance of this activity depends on the presence of a dedicated pharmaceutical resource.

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