ceftazidime 2 g every 8 hours was initiated. Two weeks later, PE was confirmed by growth of *P. aeruginosa* resistant to carbapenems in the pleural fluid and treatment was escalated to IV ceftolozane/tazobactam 2 g/1 g every 8 hours.

After subsequent microbiological control, *P. aeruginosa* resistant to ceftolozane/tazobactam and ceftazidime-avibactam (minimum inhibitory concentration (MIC) >250 µg/mL) was observed and, therefore, IV ciprofloxacin 400 mg/12 hours and IV amikacin 15 mg/kg/24 hours were initiated. Nebulised colistin 5 million units (MIU)/8 hours was added. IpC was added due to the persistence of extensively drug-resistant (XDR) *P. aeruginosa* in the pleural fluid. The decision was based on a case report in which IpC was used for MDR *Acinetobacter baumannii* PE, with positive results; 0.5 MIU of colistimethate sodium were diluted in 50 mL 0.9% physiological saline and instilled through the pleural drains every 12 hours (clamped for 2 hours).

The patient presented episodes of desaturation and sweating associated with the administration of IpC, forcing the suspension of IpC after 9 days of treatment. Finally, she died in the context of infectious disease as a consequence of refractory hypoxaemia.

Conclusion and relevance The persistence of XDR *P. aeruginosa* in our patient motivated the search for alternatives and IpC was choosen on the basis of a single case. However, the efficacy could not be determined due to its poor tolerance. Despite the limited amount of published data, the administration of intrapleural antibiotics may constitute a therapeutic option.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest

4CPS-039 EFFECTIVENESS OF ERENUMAB AND GALCANEZUMAB IN THE TREATMENT OF MIGRAINE

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Background and importance Migraine is a neurological disorder characterised by episodic and recurrent seizures. Erenumab and galcanezumab are two monoclonal antibodies (MA) indicated for the prophylaxis of migraine in adults. They are recently marketed drugs, so it was necessary to determine their effectiveness.

Aim and objectives This study analysed the effectiveness of these MA in a series of patients in a third-level hospital.

Material and methods Retrospective observational study. Study period: January 2020–April 2021.

To start treatment, patients must be diagnosed with chronic or episodic migraine, having at least 8 migraine days per month and after having failed three or more previous treatments, one of them being botulinum toxin in the case of chronic migraine. This treatment is dispensed in the outpatient consultation service of the Hospital Pharmacy after a clinical interview in which all variables are recorded. To evaluate the effectiveness, we analysed the number of days with migraine attacks per month and the consumption of concomitant-related medication.

Results 53 patients (49 women, 4 men). Median age: 50 (range 21–77) years.

Diagnosis: chronic migraine: 41 patients; episodic migraine: 12 patients.

Treatment: erenumab 140 mg: 46 patients; erenumab 70 mg: 5 patients; galcanezumab 120 mg: 2 patients.

Received doses: galcanezumab: 6 doses: 2 patients; erenumab: 12 or more doses: 10 patients; 6–11 doses: 27 patients; 3–5 doses: 11 patients; fewer than 3 doses: 3 patients.

The median number of monthly episodes suffered pre-treatment was 20 (9–30). After 3 months, the median was 9 (1–30): 45% of episodes. After 6 months: 7 (0–28): 35% of episodes. After 12 months: 13 (4–28): 65% of episodes. 4 patients suspended treatment due to lack of effect.

The rest of the antimigraine drugs consumed prior to the use of MA, at the beginning, after 3 months and after 6 months of treatment were:

Beta-blockers: 22.22%, 1.85%, 0%, 0%.

Calcium antagonists: 20.37%; 1.85%, 0%, 0%.

Antiepileptics: 38.89%; 1.85%,1.96%, 0%.

Nonsteroidal anti-inflammatory drugs (NSAIDs): 25.92%; 29.63%, 45.09%; 16.21%.

Triptans: 38.88%; 62.96%, 50.98%, 18.91%.

No interactions with MAs were identified.

Conclusion and relevance The use of subcutaneous MA reduced the median of seizures per month significantly at 3 and 6 months. Although a rebound is observed at 12 months, the result of this is difficult to assess due to the small number of patients (10). The consumption of other antimigraine drugs was also reduced.

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4CPS-040 INTERINDIVIDUAL VARIABILITY OF LINEZOLID IN CRITICALLY ILL PATIENTS

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Background and importance A high variability in linezolid plasma concentrations (Cp) has been observed when administered at the standard dosage recommended in the technical data sheet (600 mg/12 hours), which is directly related to the effectiveness of the treatment and the appearance of haematological toxicity.

Aim and objectives The main objective was to describe the Cp values of linezolid obtained in critically ill patients, as well as the recommendations made during pharmacokinetic monitoring.

Material and methods Retrospective observational study carried out in a third-level general hospital. Patients >18 years old admitted to the critical care units between September 2019 and May 2021,in which at least one Cp determination of linezolid was performed, were analysed. Demographic, clinical, therapeutic and pharmacokinetic monitoring-related variables were collected. Cp determination of linezolid was analysed by homogeneous enzyme immunoassay (IndikoTM Plus kit). The target therapeutic interval of linezolid was established between 2 and 8 µg/mL and statistical analysis was performed using R software.