during November-December 2021 were included. Patients who hadn´t taken both presentations for at least 4 months and patients impossible to locate were excluded. Those who gave their verbal consent underwent a telephone survey. Variables collected: sex, age, drug indication, treatment duration, self-administration, pain measured with VAS(Visual Analogue Scale) with both presentations, presence of administration site reactions with both presentations, satisfaction with pen change measured from 0 to 10 (0 minimum-10 maximum), 300mg pen discontinuation and reason. Qualitative variables were expressed as frequency and percentage and quantitative ones as mean and standard deviation. Statistical analysis was performed with Excel (v.12.0).

Results Total number of patients with 300mg pen presentation:33. Included: 24 (72.2%). Women:9(42.9%). Age:49 (13.9). Patients with psoriasis:19(79.2%), psoriatic arthritis 4 (16.7%) and spondyloarthritis 1(4.2%). Treatment duration (months) 38.7(22.6). Patients who self-administered medication: 23(95.8%). VAS with 150mg presentation 1.8(1.2) and with 300mg presentation 2.2(1.9). Regarding the 150mg presentation, 2(8.3%) patients reported having bruises at the injection site and regarding the 300mg presentation, 3(12.5%) reported having suffered swelling that reverted spontaneously. Two(8.3%) had to discontinue the 300mg presentation due to severe pain during administration. Regarding change satisfaction, 1(4.1%) referred to the change as indifferent, 2(8.3%) as not satisfactory and 21(87.5%) as satisfactory, with the average satisfaction being 8.0(2.2).

Conclusion and Relevance

- Changing from 150mg to 300mg secukinumab pen presentation was considered satisfactory for 87.5% of patients.
- Two patients suffered greater pain during administration, leading to a return to the previous presentation.
- It would be advisable to carry out additional follow-up in order to detect possible reactions at the administration site or greater pain after the change of presentation.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

5PSQ-078 ANALYSIS OF CASIRIVIMAB AND IMDEVIMAB USE IN OUTPATIENTS WITH COVID-19

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Background and Importance At height of COVID-19 pandemic surge of delta variant, monoclonal antibodies became a vital treatment option for SARS-COV-2 positive outpatients at high risk of severe disease progression. Casirivimab and imdevimab (C/I) were used under EMA emergency use authorisation (EUA) and there was paucity of real-world data on safety and effectiveness.

Aim and Objectives The study aimed to describe drug safety, self-reported symptom burden and vaccination status in SARS-COV-2 positive outpatients within 90 days post-C/I infusion.

Material and Methods Prospective multicentric survey of SARS-CoV-2 positive outpatients with mild symptoms at high-risk of severe COVID-19 progression (defined criteria under EUA authorisation for C/I ambulatory administration) was conducted from September 2021 till January 2022 in three teaching hospitals. The data collected using electronic medical records comprised: patient details, vaccination status, date of SARS-COV-2 positive test, indication, adverse drug reaction to infusion, hospitalisation. Structured telephone questionnaire with symptom scoring adapted from BLAZE-1 trial was used on D (day) 0, D+7, D+29 and D+90 post- C/I infusion. Data were analysed using MS Excel. Ethics committee approval was obtained.

Results Within studied period 404 out of 471 patients were included (median age 66 years; 57.4% females). Excluded patients included prophylactic C/I, not consented or dropped out. 396 patients had the first COVID-19 episode. The most frequent indications included age over 65 years (55.5%), hypertension (56.8%), diabetes mellitus II (19.4%). C/I infusion was administered with a mean of 2.3 days (range 0–11 days) since virus positivity. 62.4% patients had complete vaccination (2 or 3 doses Comirnaty, 1 dose Janssen vaccine) prior C/I infusion. Adverse events were reported by 11.6% of patients, most commonly chills, fever, diarrhea. Subjective worsening of symptoms after C/I infusion was reported by 3.4% subjects by D+7. 11.6% patients observed no difference in symptom score between D0 and D+7. Altogether 85%; 92% and 93.6% patients reported improvement in symptom burden score by D+7, D+29 and D+90 respectively.

Conclusion and Relevance We describe real-life outpatient utilisation of C/I in terms of patient characteristics, self-reported symptom burden and adverse events. Therapeutic value of C/I timely administration is evident in high-risk patients with completed vaccination.

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5PSQ-079 FONDAPARINUX IN AN INFANT WITH SUSPECTED HEPARIN-INDUCED THROMBOCYTOPENIA. A CASE REPORT

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Background and Importance A 3-month-old infant (3kg) was admitted in the paediatric intensive care unit for extracorporeal membrane oxygenation (ECMO) after a pulmonary lobectomy.

Anticoagulant treatment was performed with unfractionated heparin (UFH).

During treatment with UFH, the patient had a sustained decrease in platelet count (>50% of basal) and inferior cava deep venous thrombosis (DVT). Once ECMO was finished, anticoagulant treatment was modified to enoxaparin.