Aim and Objectives To evaluate the effectiveness, safety and treatment adherence of dupilumab in patients with AD in clinical practice.

Material and Methods We conducted a retrospective study carried out in a tertiary hospital. We included all AD patients treated with dupilumab with a minimum follow-up of 52 weeks.

We collected the following data from electronic medical records: age, gender, previous treatments, eczema area and severity index (EASI) and dermatology life quality index (DLQI) at baseline and at 52 weeks of follow-up, adverse effects and treatment adherence (calculated by medication possession ratio [MPR]).

Effectiveness was determined by the change in the EASI and DLQI values at 52 weeks compared to baseline. Safety endpoints were the number and type of adverse effects (AE) during the follow-up period.

Results In total, 61 patients were included in the study. The mean age (± SD) was 40 (± 18) years. Thirty-five patients (57%) were men.

As previous topical treatments, 100% of patients had received corticosteroids; whereas 49%, tacrolimus. Besides, 70% had underwent phototherapy. Regarding systemic treatment, 79% had received corticosteroids; 70%, cyclosporine; 25%, mycophenolate mofetil; 25%, azathioprine; and 28%, methotrexate.

Mean (± SD) EASI and DLQI baseline values were 33 ± 11 and 19 ± 5, respectively. At 52 weeks follow-up, these indexes were 2 ± 3 and 4 ± 5, respectively. The reduction in EASI and DLQI was statistically significant ($p<0.001$). During this period, AE were reported in 22 patients (36%): conjunctivitis (20%), arthralgia (5%), herpes virus infection (5%) and paradoxical psoriasis (3%) were the most common ones. Three treatments were discontinued due to ineffectiveness, 4 due to AE and 2 because of clinical remission.

The mean MPR (± SD) was 100 ± 14%, which demonstrates good rates of therapeutic adherence. No patient presented a MPR <75%, so we could not determine the impact of this variable on treatment effectiveness.

Conclusion and Relevance Our study shows that dupilumab is an effective and safe drug for moderate-to-severe DA. Our cohort experienced a statistically significant improvement in EASI and DLQI at 52 weeks of treatment. Additionally, therapeutic adherence was very high.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

5PSQ-115 DEPRESCRIBING LONG-TERM TREATMENTS WITH BIPHOSPHONATES: PHARMACEUTICAL INTERVENTION BRINGS VALUE

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Background and Importance Bisphosphonate treatment lasting more than 5 years(BP5y) in patients without previous fractures and/or low risk of fracture does not confer additional benefits. The antiresorptve effect is maintained for a time after drug discontinuation and the side-effects risk is minimised. The increased risk of rare and long-term side-effect associated with the prolonged use of bisphosphonates has been reason of safety notes issued by the Spanish Agency for Medicines and Health Products and other regulatory agencies. So, a re-evaluation of the treatment is necessary considering the benefits and risks for the patient individually, especially after 5 years of use.

Aim and Objectives The aim of the present study was to identify patients in treatment with BP5y and to evaluate the acceptance of pharmaceutical intervention(PI) over deprescribing in primary prevention.

Material and Methods By means of the primary care data exploitation platform (Digitalis®) and after reviewing the electronic prescription, patients on treatment with BP5y were identified until December-2021. Patients >85-years-old were selected due to their increased frailty, comorbidities and polypharmacy. The physicians were informed via the informative sheets of the primary care information system (Turriano®) about the susceptible condition to deprescribing after more than 5 years of continuous treatment in primary prevention. Seven months later, acceptance degree of PI was assessed.

Results At the start of the study, 186 patients were identified in treatment with BP5y, 51 of whom were >85 years-old. Finally, PI was performed on 43 patients belonging to the selected health centres. Seven months later, bisphosphonate withdrawal was observed in 10 patients, with a prescribing doctors acceptance rate of 23% (10/43). Currently, 33 patients continue with such treatment either out of necessity or due to lack of knowledge of PI. Only one of the 8 patients without PI (12.5%) had bisphosphonate discontinuation.

Conclusion and Relevance The monitoring, analysis of treatments with BF5y and the corresponding PI have promoted the deprescription in almost a quarter of the cases, creating the need to extend the study to the rest of the patients. The importance of the pharmacist in the review of treatments is highlighted, as well as the interdisciplinary collaboration with physicians to achieve a safe use of the drug.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

5PSQ-116 PERSISTENCE OF INHIBITORS OF INTERLEUKIN-23 (ANTI-IL-23) FOR THE TREATMENT OF MODERATE-TO-SEVERE PSORIASIS (MSPS) IN THE ROUTINE CLINICAL PRACTICE CONDITIONS

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Background and Importance Anti-IL-23 have emerged as safe and effective options for the treatment of msPs.

Aim and Objectives We aimed to evaluate the persistence of anti-IL-23 (guselkumab and risankizumab) in patients with msPs. Secondarily, these patients' clinical outcomes and health-related quality of life (HRQL) and the safety profile were also assessed.

Material and Methods Retrospective observational study from January 2019 to September 2022. Patients with msPs receiving anti-IL-23 were included. Demographic (sex, age) and clinical data (previous biological treatments, therapy duration and baseline Psoriasis Area and Severity Index (PASI)) were collected from the digital medical record. Non-persistence was defined as treatment discontinuation or a treatment gap > 90

days. The cumulative probability of treatment persistence was analysed by Kaplan-Meier method. Secondary endpoint: PASI90 response at 1 year, change in HRQL through dermatology life quality index (DLQI) at 1 year, and safety profile.

Results 44 patients were included (26 women), 30 received guselkumab and 14 risankizumab. Mean age was 53.5 years. 93.2% received biologic therapies before, and 86.3% conventional systemic treatment. At data cut-off time, 73.3% and 92.8% patients remained on guselkumab and risankizumab respectively. The main cause of discontinuation was primary failure. In 13.3% of guselkumab patients, dose interval was extended >8weeks and in 7.1% of risankizumab patients was extended >12 weeks. The cumulative probability of guselkumab treatment persistence was 79.7% at 1 year and for risankizumab 92.6%. The median PASI score was 8 and 9 at guselkumab and risankizumab treatment initiation respectively. 50% of guselkumab patients and 64.3% of risankizumab patients achieved PASI90 improvement at 1 year. 44.8% of guselkumab and 71.4% of risankizumab patients achieved a minimal clinically significant difference (>4-point reduction) in DLQI score at 1 year. One patient experienced one adverse reaction (ARs) related to guselkumab: headache and two risankizumab patients experienced increase in transaminases.

Conclusion and Relevance Our cohort shows a moderate persistence rate and PASI improvement at 1 year with guselkumab and a moderate benefit in improving HRQL. High persistence rate and moderate PASI improvement was reached with Risankizumab and a substantial improvement in HQRL. No important adverse reactions were found, without treatment withdrawals.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

5PSQ-118 PATIENTS' EXPERIENCE WITH SUBCUTANEOUS INJECTION SELF-ADMINISTRATION AND THE ROLE OF VIRTUAL REALITY

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Background and Importance The number of patients treating themselves via the subcutaneous (SC) administration route has widely increased in recent years. Although self-medication can reduce waiting times and save money, is a public health concern that it may carry some potential risks associated with inappropriate management. Getting the correct method of administration is essential to ensure the drug's effectiveness and minimise the risk of complications.

We propose to take advantage of the benefits that new technology, such as virtual reality (VR), could provide for patients' performance.

Aim and Objectives This investigation aimed to explore patients' perceptions of their experiences with SC injection self-administration and their willingness to implement VR to improve their learning process of the method of administration.

Material and Methods An observational and transversal study was performed. The adults who attended for subcutaneous medicine dispensing were included. A yes/no survey was conducted regarding to medication first self-administration knowledge, handling skills, administration errors, risk perception, clarity of information received and whether a VR environment would help their learning.

Results

Forty-five patients were included Mean ± SD age was 51 ± 12 years. Most of the patients interviewed were in treatment with drugs for immune-mediated inflammatory disorders. The first administration was done by a health professional in 53.3% of the cases, 44.4% were done by themselves and 2.2% were done by a family member. Although 95.6% of the participants considered that the information given by the pharmacist was clear enough, 15.6% of them discarded the injections due to handling failures and 66.7% reported injection site reactions. Finally, 75.6% of participants believed that VR may help to learn the administration process.

Conclusion and Relevance Although the information and training provided by the pharmacist were clear enough, some patients do not feel confident with their first self-administration having to discard the medication due to some handling failures.

The VR represents a potential alternative for promoting a safe environment to improve the knowledge, skills and attitudes in SC injection self-administration through reproducing environments close to the real one.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

5PSQ-119 A NEW PHARMACEUTICAL CARE PROGRAMME FOR COVID-19 PATIENTS TREATED WITH PAXLOVID®: IMPLEMENTATION AND SAFETY OUTCOMES REPORTED

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Background and Importance The COVID-19 pandemic has highlighted the important role that hospital pharmacists play in improving pharmacotherapy outcomes. Paxlovid® (Nirmatrelvir/ritonavir) was recently granted an Emergency Use Authorisation for the treatment of mild to moderate COVID-19. However, the use of Paxlovid® with certain other drugs in high-risk patients may result in potentially significant drug-drug interactions (DDI) and adverse drug events (ADE).

Aim and Objectives To assess the impact of a comprehensive pharmaceutical care program (CPCP) focusing on the prevention of DDI and ADE, initiated in a hospital pharmacy for patients with mild to moderate COVID-19 treated with Paxlovid®.

Material and Methods Design: Quasi-experimental study performed between 1 May and 31 July 2022. Pharmacists were responsible for proposing COVID-19 local guidelines to physicians, monitoring adherence to guidelines, managing DDI and ADE, providing patient education, and evaluating health outcomes. A telephone consultation was carried out 10 days after the end of Paxlovid® treatment.

Potential DDI were detected according to Lexi-Comp® and Liverpool COVID-19 databases. Paxlovid-related ADE reported were graded according to Common Terminology Criteria for Adverse Events, version 4.