Aim and Objectives To determine the possible influence of the type and dose of GC on the patients' evolution with SARS-CoV-2 pneumonia admitted to the IRCU during the first and second wave of the pandemic.
Material and Methods Descriptive, observational and retrospective study of patients with SARS-CoV-2 infection admitted to the IRCU in a tertiary care hospital since March until December 2020. Demographic variables, comorbidities, GC therapy received and final resolution (improvement, transfer to ICU, or death) were analysed. The data were obtained from the clinical history and the electronic prescription.
Results 135 patients (62.5% men) were included with a mean age of 67.00 (SD:13.16) years. 69.31% of them had overweight and 29.41% respiratory pathologies.

89.63% of the patients admitted to the IRCU received treatment with GC, within them, 89 received treatment with a single GC, 27 received the combination of two and only 3 patients received three GC. 64 GC-treated patients improved, receiving a mean prednisone equivalent dose of 65.43 (SD:88.77) mg daily for a mean of 13.40 (SD:7.02) days.

The 19 patients transferred to the ICU received a mean dose of 89.18 (SD:71.81) mg daily for 6,00 (SD: 5.19) days. The 38 patients who died in IRCU treated with GC received a mean dose of 114.18 (SD: 90.39) mg daily for a mean of 8.92 (SD: 6.17) days.

The most used GC or combinations were: dexamethasone (76 patients), dexamethasone and prednisone (13 patients), methylprednisolone (11 patients), dexamethasone and methylprednisolone (8 patients), and methylprednisolone and prednisone (5 patients). 100% of patients treated with dexamethasone and prednisone improved, followed by dexamethasone and methylprednisolone (62.5%) and methylprednisolone and prednisone (60%). 27.27% of the patients treated with methylprednisolone alone improved, with 63.64% dying.
Conclusion and Relevance Most of the patients admitted to the IRCU with coronavirus received GC and the results suggest some improvement in those who received lower doses of GC for longer periods.

The GC combination was associated with a higher rate of improvement, especially with dexamethasone and prednisone. Treatment with methylprednisolone alone had the highest death rate.

REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of Interest No conflict of interest.

6ER-024 COMPARISON OF REDUCTIONS IN MONTHLY MIGRAINE DAYS BETWEEN NEW SMALL MOLECULE CGRP RECEPTOR ANTAGONISTS (GEPANTS) AND MONOCLONAL ANTIBODIES TARGETING CGRP/CGRP RECEPTOR

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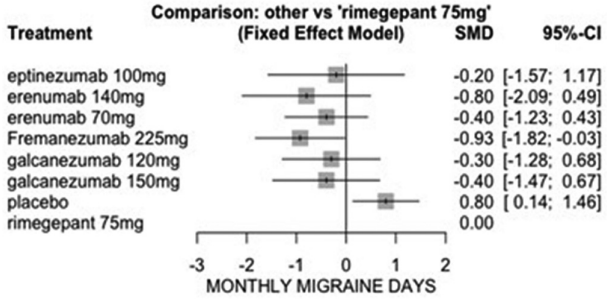
Background and Importance Migraine is characterised by repeated headache attacks lasting hours or days and usually accompanied by other associated symptoms. According to the International Headache Society, it can be classified into migraine with aura, without aura and chronic migraine. A target pathway to treat or prevent migraine is the calcitonin gene-related peptide. Available treatments in our country that act interfering that pathway are erenumab, fremanezumab, galcanezumab, iptenezumab and rimegepant.
Aim and Objectives To analyse whether the different therapeutic options are equivalent alternatives through an adjusted indirect comparison.
Material and Methods The therapies included were found after a systematic search performed in PubMed. The analysis included randomised, double-blind, phase 2 and 3, controlled trials, prophylaxis therapies and number of migraine days reduced measurement after 12 weeks of treatment. The analysis was performed using the R® software to estimate Bayesian statistics, with rimegepant taken as a reference for the comparison. A delta value of 1 day, as provided by the regulatory agencies FDA and EMA, was used to determine the margin (maximum acceptable difference as a non-inferiority criteria) and the average number of migraine days reduced. To establish the therapeutic positioning, the National Equivalent Therapeutic Alternatives Positioning Guide criteria were applied.
Results As shown in Figure 1, the difference in the mean number of migraine days reduced per month versus placebo was favourable in all cases. Each treatment reduced migraine by between one to two days per month, showing statistically significant differences. The most outstanding being fremanezumab (-1,73 [-2.33;-1.12]). Based on the results obtained, a subsequent analysis was carried out comparing fremanezumab with the other alternatives. In this case, erenumab 140 mg showed the most similar efficacy result (0.13 [-1.14; 1.39]). Nevertheless, it did not show a statistically significant difference against any treatment, exclusively against placebo. No differences were found in terms of safety.



Abstract 6ER-024 Figure 1 Forest-plot of the decrease in average number of migraine days per month. Comparator: rimegepant 75mg/48h. SMD: standard mean difference. 95% CI: 95% confidence interval

Conclusion and Relevance No statistically significant differences were found between rimegepant and monoclonal antibodies against the CGRP/CGRP receptor except for fremanezumab. Fremanezumab presented a statistically significant more pronounced response in the decrease of migraine days per month at 12 weeks of treatment.

REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of Interest No conflict of interest