to have a direct comparison of these drugs to confirm the equivalence.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

2SPD-012 COMPARATIVE EFFICACY OF ABROCITINIB, BARICITINIB AND UPADACITINIB IN MONOTHERAPY FOR THE TREATMENT OF ATOPIC DERMATITIS

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Background and Importance Several oral drugs for atopic dermatitis have been approved in recent years. However, there are no studies that directly compare these treatments.

Aim and Objectives To establish, through an indirect comparison (IC) against placebo, whether abrocitinib, baricitinib and upadacitinib can be considered equivalent alternatives in efficacy for the treatment of atopic dermatitis, when used as monotherapy.

Material and Methods A PubMed search was performed for pivotal clinical trials (CTs) of abrocitinib (200 mg/24h), baricitinib (4 mg/24h), and upadacitinib (30 mg/24h) for atopic dermatitis, as monotherapy. The main variable for comparison was the results of the EASI75 (Eczema Area and Severity Index) at week 16 after the start of treatment. With the results of the EASI75 (%), the relative risk (RR) compared to placebo was calculated. Finally, with these values, an IC of these drugs was performed using the Bucher method (ITC calculator, Indirect Treatment Comparisons, of the Canadian Agency for Health Technology Assessment). The results were analysed, seeing if there were statistically significant differences between these three drugs.

Results Five CTs were found, one with abrocitinib, two with baricitinib (CTB1, CTB2) and upadacitinib (CTU1, CTU2), all of them compared to placebo as a common comparator. All the studies presented a similar methodology. However, in the CT of abrocitinib, patients under 18 years of age were not included, while in upadacitinib (13.5%) and baricitinib (22%) they were. Moreover, in the abrocitinib CT the EASI75 is measured at 12 weeks while in the others at 16 weeks. These limitations for IC were eventually accepted. After applying the Bucher method, the following results were obtained:

OR (abrocitinib 200 mg vs baricitinib 4 mg) 0,53 [IC 95% 0,24–1,18]; p=0,12 (in CTB1) and 0,65 [IC 95% 0,27–1,54]; p=0,32 (in CTB2),

OR (abrocitinib 200 mg vs upadacitinib 30 mg) 0,92 [IC 95% 0,46–1,82]; p=0,81 (in CTU1) and 1,04 [IC 95% 0,52–2,08];p=0,92 (in CTU2),

OR (baricitinib 4 mg CTB1 vs upadacitinib 30 mg) 1,73 [IC 95% 0,98–3,07]; p=0,06 (in CTU1) and 1,95 [IC 95% 1,08–3,52]; p=0,03 (in CTU2),

OR (baricitinib 4 mg CTB2 vs upadacitinib 30 mg) 1,42 [IC 95% 0,73–2,73]; p=0,30 (in CTU1) and 1,6 [IC 95% 0,81–3,13]; p=0,17 (in CTU2).

Conclusion and Relevance According to the results obtained, it could be that Upadacitinib 30 mg presented greater efficacy than Baricitinib 4 mg as it is the only IC that has given a statistically significant difference. However, due to the aforementioned limitations, these results should be taken with caution and safety and efficiency criteria should also be taken into account.

Conflict of Interest No conflict of interest

2SPD-019 EXPLORING ECONOMIC AND QUALITATIVE ASPECTS OF DRUG USE IN A PENITENTIARY INSTITUTE

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Background and Importance Penitentiary institute contain a population of prisoners or interned who, from the moment they enter the prison, they bring with them their personal experience of discomfort that results in the concentration in a single environment of physical, mental and behavioural diseases. The direct consequence is the use of a large number of drugs. The activities of the hospital pharmacy include the distribution of drugs to the penitentiary institute.

Aim and Objectives The objective of the study was to analyse the use of drugs in the prison population strongly influenced by the contingent situation and which has a high demand for health needs.

Material and Methods A study was conducted to examine data of drugs required from the penitentiary institute in terms of quantity expressed in dosage units and costs from the data consumption of hospital medicines in the three-year period 2019–2021.

Results The total cost of medicine consumption in the penitentiary institution considered is € 103522.9 in 2019, € 81.484.31 in 2020, down by 21.2% compared to the previous year and € 86.525.72 in 2021 (Δ% 21–20 = +5.8). Analysing the first level of Anatomical Therapeutic Chemical (ATC) classification system, the highest consumption value is related to drugs for the nervous system (N), followed by those active on alimentary tract and metabolism (A) and cardiovascular drugs (C). By analysing costs, the highest value is observed for the category of drugs for the nervous system, 68% in 2019–2020 of the total cost and 61% in 2021. Drugs active on alimentary tract and metabolism represent the 7% in 2019–2020 and 11% in 2021 respectively. The therapeutic category with the highest consumption are psycholeptics, antiepileptics and drugs for disorders related to acid secretion. Among the substances with the greatest cost are clonazepam and aripiprazole in 2019–2020, while in 2021 is promazine. Valproic acid and quietapine are the most used substances in the three-year period.

Conclusion and Relevance The data described the use of drugs in a penitentiary institute emphasised the high pharmacological burden consequence of many pathologies in this population. In fact, psychotropic drugs are the most commonly used substances. This data is related to the presence of neuro-psychiatric disorders in prisoners.

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