Having stablished the MASP at EM has led to significant decrease of empirical meropenem use. This may have contributed to reduce DDD/100D of it in our hospital.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest

4CPS-097 COMPARATIVE EFFECTIVENESS OF RISANKIZUMAB AND SECUKINUMAB IN MODERATE TO SERIOUS PSORIASIS

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Background and Importance In 2015, secukinumab emerged as the first anti-IL17 in psoriasis, characterised by a rapid onset of action. In 2017, the development of drugs with a new, different target of action, anti-IL23, began. The wide range of drugs and mechanisms of action makes the choice of treatment for patients with moderate to severe psoriasis increasingly complex.

Aim and Objectives Evaluation of effectiveness through indirect comparisons between risankizumab (anti-IL23) and secukinumab (anti-IL17).

Material and Methods Multicentre, observational, retrospective study to indirectly compare patients on risankizumab (RIS) and secukinumab (SEC) between June 2021 and June 2022. The anthropometric data were age, sex and previous biological treatments. comparative effectiveness was measured by the medians of the following variables: body surface area affected (BAS) scale, psoriasis area severity index (PASI), physician global assessment (PGA) at baseline, 12, 24 and 48 weeks after treatment. Safety was assessed with adverse event (EA) and the DLQI quality questionnaire were recorded. The main tools used: SAP© for the clinical history, Modulab© for laboratory values and Excel© for anonymised data recording. The information was collected according to data minimisation policy, article 5.1 of data protection.

Results A total of 111 patients were selected (60 risankizumab/50 secukinumab). The median age was 51.1 (risankizumab) and 39.8 (secukinumab). Of the patients, 63.3% were male. The main biologic treatments previously used were: Etanercept (31) > Adalimumab (23). Regarding efficacy: at baseline median BSA 11.9 vs 11.4 and PASI 8.3 vs 8.6 (SEC vs RIS), at 12 weeks BSA 1.6 vs 2.3 and PASI 1.5 vs 1.8 (SEC vs RIS), at 24 weeks BSA 1.5 vs 0.7 PASI 0.6 vs 0.7 (SEC vs RIS), and at 48 weeks BSA 1.63 vs 0.7 and PASI 0.5 vs 0.9. The main adverse events were headache and mild injection site reaction for both drugs.

Conclusion and Relevance Based on data from comparative studies, there is no significant difference between the effectiveness of risankizumab and secukinumab. More studies are needed to define the gold-standard drug.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Risankizumab data sheet.
Secukinumab data sheet

Conflict of Interest No conflict of interest

4CPS-098 NIRMATRELVIR-RITONAVIR EFFECTIVENESS ANALYSIS AND INTERACTION PROFILE ANALYSIS

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Background and Importance New drugs have been investigated with the aim of preventing serious pathology in high-risk patients with COVID. As a result, nirmatrelvir-ritonavir emerged, approved by the European Medicines Agency in December 2021 thanks to the pivotal EPIC-HR clinical trial.

Aim and Objectives To analyse the effectiveness and pharmacological interaction profile of nirmatrelvir-ritonavir in patients diagnosed with SARS-Cov2.

Material and Methods Retrospective study in which patients diagnosed with mild-moderate SARS-Cov2 for whom treatment with nirmatrelvir-ritonavir was requested from the approval of the drug until 08/31/2022 were preselected. Patients who received treatment were included. The primary effectiveness endpoint was hospital admission or death from any cause through day 28. As a secondary variable, the profile of pharmacological interactions between nirmatrelvir-ritonavir and the patients' medication and its management. Selection of patients, demographic and clinical data were obtained from the electronic medical record. Descriptive statistical analysis was performed using Excel® 16.48.

Results We preselected 86 patients, 37 (43.02%) did not receive treatment. The reasons for non-indication were: patients not considered high risk 30/37 (81.08%), receiving oxygen therapy 4/37 (10.82%), >6 days of symptoms, unmanageable interactions and received remdesivir, 1/37 (2.70%) each one. Obtaining a final sample of 49 patients. Mean age was 67.5 years(SD=16) and 25(51.02%) of them were men. Indication's reasons were: high-risk immunocompromised patients 32/49 (65.31%), vaccinated >6 months ago over 80 years with risk factor 14/49 (28.57%), unvaccinated over 80 years 2/49 (4.08%), unvaccinated over 65 years with a risk factor 1/49 (2.04%). Of these, 10/49 (20.41%) required adjustment to renal function. An event (hospital-admission or death) during the 28 days after the start of treatment was registered in 16/49 (32.65%) patients. Of these 14 (28.57%) events were hospital-admission and 2 (4.08%) deaths. We detected 77 interactions in 39/49 (79.59%) patients [2.14 interactions/patient; SD=1.42], that required: to monitor 55/77 (71.43%), suspend treatment and reintroduce it 3 days after 20/77 (25.98%) and reduce dose 2/77 (2.59%). Main therapeutic groups with interactions: statins 14/77 (18.17%), metamizole 9/77 (11.68%), calcium channel blockers 8/77 (10.38%), antidepressants 5/77 (6.49%),opioids 4/77 (5.19%), direct oral anticoagulants 4/77 (5.19%), and tamsulosin 4/77 (5.19%).

Conclusion and Relevance It seems that real-life results of nirmatrelvir-ritonavir are inferior to those obtained in the pivotal RCT, due to higher number of hospital admissions. Most patients presented interactions, which could be managed in a simple way through temporary suspension and monitoring.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest