

Safety results are shown in table 2:

**Abstract 4CPS-174 Table 2** Safety profile of CKI

	Most frequent AE, any grade(%)	AE grade >=3(%)	Discontinuation due to toxicity(%)	Mean ± SD of AE per patient
Abemaciclib	Diarrhoea(75%) Fatigue(55%) Neutropenia(45%)	35	25	4.2 ± 2.4 (0–9)
Palbociclib	Neutropenia(80.3%) Fatigue(72.1%) Arthralgia/myalgia (24.6%)	62.3	9.8	4.1 ± 2.2 (0–9)
Ribociclib	Neutropenia(81.8%) Fatigue(54.4%) Arthralgia/myalgia (31.8%)	63.6	13.6	3.8 ± 1.6 (1–6)

**Conclusion and Relevance** No statistically significant differences were found among abemaciclib, palbociclib and ribociclib PFS. While PFS is lower than reported in clinical trials, safety profile is similar, being neutropenia, fatigue and diarrhoea the most common AE. Study limitations include the reduced sample size and its retrospective and unicentric character.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

**Conflict of Interest** No conflict of interest

#### 4CPS-178 DURABILITY OF TREATMENT AND REASONS FOR DISCONTINUATION OF DIMETHYL FUMARATE AND TERIFLUNOMIDE IN PATIENTS WITH MULTIPLE SCLEROSIS

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**Background and Importance** Dimethyl fumarate (DMF) and teriflunomide (TRF) are oral immunomodulatory drugs used in the treatment of relapsing-remitting multiple sclerosis (RRMS) since 2015.

**Aim and Objectives** To determine the durability of treatment and to analyse the reasons for discontinuation of DMF and TRF in patients with RRMS.

**Material and Methods** An observational, retrospective and longitudinal study was conducted. All patients with RRMS treated with DMF and TRF from 2015 to September 2022 were included. The variables analysed were sex, age, initial Expanded Disability Status Scale (EDSS) score, previous treatments, treatment starting date and treatment discontinuation date, reasons for discontinuation and adverse reactions that led to treatment discontinuation. Treatment discontinuation free-survival was calculated using a Kaplan-Meier method and survival curves were compared using log-rank test. Statistical significance was set at  $p < 0.05$ .

**Results** 97 patients were included, 66 treated with DMF (median age  $43.6 \pm 10.5$  years, women 57.6%,  $2 \pm 1.4$  EDSS at baseline) and 31 treated with TRF (median age  $49.1 \pm 8.9$  years, women 58.1%,  $1.5 \pm 1.6$  EDSS at baseline). Treatment was discontinued by 41 patients (62.1%) in the DMF group and 22 patients (70.9%) in the TRF group

( $p = 0.27$ ). Median of treatment discontinuation free-survival in DMF group was 24.2 months (IC95% 0 – 62.2) and 17.5 months (IC95% 0 – 44.1) in TRF group ( $p = 0.29$ ). Reasons for treatment discontinuation were due to disease progression (43.9% in DMF vs 63.9% in TRF,  $p = 0.13$ ), adverse reaction (53.7% in DMF group vs 31.8% in TRF group,  $p = 0.09$ ), loss to follow-up (2.4% in DMF group) and patient's decision (4.5% in TRF group). Adverse reactions leading to discontinuation of treatment in the DMF group were lymphopenia (36.6%), gastrointestinal intolerance (9.7%), diarrhoea (2.4%), generalised severe pruritus (2.4%) and hypotension (2.4%). Adverse reactions that led to treatment discontinuation in the TRF group were diarrhoea (13.6%), elevated transaminases (9.1%), allergy (4.5%) and alopecia (4.5%).

**Conclusion and Relevance** In this study, no statistically significant differences were found in the durability of DMF and TRF treatments in patients with RRMS.

Patients with DMF tend to discontinue more due to adverse reactions and patients with TRF more due to disease progression.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

**Conflict of Interest** No conflict of interest

#### 4CPS-179 REVERSAL OF ANTICOAGULATION IN ORTHOGERIATRIC PATIENTS WITH HIP FRACTURE REQUIRING EARLY SURGICAL INTERVENTION

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**Background and Importance** Hip fractures are excruciating for the elderly. Reducing hospital stays can improve health results, and entail important savings for healthcare centres.

**Aim and Objectives** To estimate the hypothetical cost of anti-coagulation reversal and the potential hospital stay reduction by early surgery.

**Material and Methods** Retrospective, observational study among orthogeriatric patients candidates for hip fracture surgery between January 1/2020-December 31/2021. Variables: number of patients, admission/surgery timespan, anticoagulant, reversal drugs and costs, pretreatment INR, potential days and admission costs saved. Calculation of reversal strategy:

Vitamin K antagonists: prothrombin complex concentrate, 4-factor, unactivated (4F-PCC):

- Pretreatment INR < 1.4: no reversal; 1.4 to < 4: 25IU/kg, maximum: 2,500IU; 4–6: 35IU/kg, maximum: 3,500IU; > 6: 50IU/kg, maximum: 5,000IU. All patients would require simultaneous vitamin K administration (1 injectable solution/patient, intravenous dose = 1–10mg, based on INR).

Factor Xa inhibitors direct oral anticoagulants: 4F-PCC:

- Intravenous fixed-dose: 2000IU.
- Dabigatran: idarucizumab:
- 5g (two separate 2.5g doses).