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Conflict of Interest No conflict of interest

4CPS-037 INDIRECT COMPARISONS OF BIOLOGICAL TREATMENTS IN PSORIATIC ARTHRITIS

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Background and Importance Psoriatic arthritis (PA) is a complex inflammatory musculoskeletal and skin disease. Nowadays, there are several therapeutic options to treat this disease.
Aim and Objectives To conduct indirect comparisons (ICs) between abatacept, brodalumab, guselkumab, ixekizumab, risankizumab, secukinumab and ustekinumab using a common comparator in patients diagnosed with PA.
Material and Methods A review in PubMed and European Medicines Agency databases was performed. Inclusion criteria: phase III randomised clinical trials (RCTs) of treatments cited with a double-blind and placebo-controlled design, which included patients previously treated with anti-tumour necrosis factor agents. Exclusion criteria: RCT without a comparator common to alternatives considered and recruiting treatment-naive patients. American College of Rheumatology 50% improvement criteria (ACR50) at 24 weeks in RCTs were selected as endpoint to estimate absolute risk reduction (ARR) for each drug. We conducted adjusted ICs using Bucher method. The therapeutic alternative with the greatest magnitude of effect in RCTs was selected as reference therapy. The maximum difference without clinical relevance (Δ) was defined as ± 16% according to previous published literature.
Results
Seven studies were included All treatments –except abatacept– showed benefit over placebo. Regarding ixekizumab 80 mg monthly (reference therapy), ARRs were: -4.2% [95% confidence interval (CI), -15.43 to 7.03] vs brodalumab 210 mg biweekly; -9.20% [95% CI, -22.53 to 4.13] vs guselkumab 100 mg every 8 weeks; -12.20% [95% CI, -32.37 to 7.97] vs secukinumab 300 mg monthly; -13.60% [95% CI, -25.25 to -1.95] vs risankizumab 150 mg every 12 weeks; -19.5% [95% CI, -32.30 to -6.70] vs ustekinumab 45 mg every 12 weeks; and -25.50% [95% CI -37.87 to -13.13] vs abatacept 125 mg weekly. Ixekizumab showed statistically significant benefit compared to risankizumab, ustekinumab and abatacept. Nevertheless, no statistical difference was found compared to brodalumab, guselkumab and secukinumab. Ixekizumab only demonstrated a clinically relevant benefit versus ustekinumab and abatacept.
Conclusion and Relevance Our ICs provide comparative efficacy data between current therapeutic alternatives for PA in terms of ACR50. No statistically significant benefit was observed between ixekizumab, brodalumab, guselkumab and secukinumab. Ixekizumab did not show relevant clinical superiority over brodalumab, guselkumab, secukinumab and risankizumab. These results could promote price competition between these drugs and improve the efficiency of PA treatments.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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4CPS-038 CHALLENGES RELATED TO TRANSITIONING FROM HOSPITAL TO TEMPORARY CARE AT A SKILLED NURSING FACILITY

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Background and Importance With decreasing number of hospital beds, more patients are discharged from hospitals to temporary care at skilled nursing facilities requiring handling of more complex and frail citizens in a non-hospital setting.
Aim and Objectives We aimed to systematically map challenges related to the transition of patients from hospital to temporary care at a skilled nursing facility in relation to (i) medication management, (ii) responsibility of the medical treatment, and (iii) communication.
Material and Methods This descriptive study included medical or surgical patients admitted to hospital and discharged to temporary care at a skilled nursing facility from May-December 2022.
Results Preliminary results are available for 67 patients (52% women and mean age 77 years). A nurse from the skilled nursing facility used in average a ten minute phone call to coordinate with a nurse from the hospital before discharge. In 100% (n=67) of the patients the medication to the first day sent from the hospital was used, even if there in 30% (20 of 67) was problems due to missing update of the Shared Medication Record, changed strength, missing or unidentified medication, or other discrepancies. Only 58% (n=39) received all needed medication during the first day needed for further medication dispensing. The nurses made in average three (range 0-10) calls and sent three electronically correspondences per patient about medication within the first five days. In 36 of 60 (60%) patients did the discrepancy between the discharge notice from the nurses and the discharge letter, not result in any further action from the skilled nursing facility. However in 38% (n=9) of the 24 patient records that required extra action from the skilled nursing facility, the action could have been avoided if the nurses from the skilled nursing facility had had the discharge letter. Full results for an expected 200 patients will be available and presented at the EAHP conference.
Conclusion and Relevance We identified challenges related to, in particular, lack of needed medication and communication. A third of the actions related to medication management were considered avoidable with improved practices around communication.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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