REFERENCES AND/OR ACKNOWLEDGEMENTS

1. Seruga B, Pond GR, Hertz PC. Comparison of absolute benefits of anticancer therapies determined by snapshot and area methods. *Ann Oncol*. 2012;**23** (11):2977–82.

Conflict of Interest No conflict of interest.

4CPS-107 ADHERENCE TO DAILY ORAL TREATMENT IN MULTIPLE SCLEROSIS

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Background and Importance Several studies conclude that correct adherence of patients with multiple sclerosis (MS) is related to higher efficacy and lower risk of relapses, disease progression, hospitalisations, emergency department visits, and ultimately lower health care costs. Therefore, it is a priority to detect non-adherence in order to optimise therapy.
Aim and Objectives To assess adherence to daily oral treatment in people with MS. To perform a detailed descriptive analysis of non-adherent treatments, identifying reasons, previous treatments received and current status.
Material and Methods Using the Hospital's outpatient module, a record was obtained of the corresponding dispensing dates between December 2017 and September 2023. This information was used to calculate adherence for treatments exceeding 6 months, which was complemented with the electronic medical record and patient interviews. A medication possession rate (MPR) of less than 90% was considered non-adherence. Interruptions due to medical reasons were taken into account.
Results A total of 114 patients were included and 144 treatments were analysed, corresponding to 66 treatments with dimethyl fumarate (9 non-adherent, 13.6%), 63 with teriflunomide (3 non-adherent, 4.8%), 13 with fingolimod (2 non-adherent, 15.4%) and 2 treatments with ponesimod without adherence problems.

There was non-adherence in 14 treatments corresponding to 12 patients, with a median MPR of 84.4% (interquartile range 78.0 – 85.5%). Of these, 7 patients remained on the same treatment despite non-adherence, with no worsening of lesions detected by magnetic resonance imaging. 4 patients switched to another treatment and 1 patient discontinued treatment without switching to another treatment. Of the 12 patients, 7 had previously received other treatments, with glatiramer being the most common, along with interferon and teriflunomide.

Reasons for non-adherence in 14 treatments were adverse effects (4), missed doses (4) and in 6 patients we could not clearly identify the cause.
Conclusion and Relevance We found good adherence in almost all patients. In non-adherent patients the rate of medication possession remains high and did not translate in most cases into clinical worsening.

Adherence assessment and subsequent detection of non-adherent patients in MS is a key strategy for pharmaceutical interventions aimed at achieving better health outcomes and efficiency.

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4CPS-108 CLINICAL IMPACT OF PHARMACOKINETIC MONITORING OF INFLIXIMAB AND ADALIMUMAB IN INFLAMMATORY BOWEL DISEASE

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Background and Importance Failure of biologic therapy (anti-tumour necrosis factor (TNF) drugs) is a common problem. Pharmacokinetic monitoring can contribute to early identification of therapeutic failure and thus optimise treatment by keeping drug concentrations within the therapeutic interval (TI) where the probability of efficacy is higher and the likelihood of toxicity and development of immunogenicity is minimal.
Aim and Objectives To assess the acceptability of pharmacokinetic recommendations for adalimumab (ADA) and infliximab (IFX) in clinical practice in patients with inflammatory bowel disease (IBD).
Material and Methods Retrospective observational study (June 2023 – September 2023) in patients with IBD treated with anti-TNF drugs. All patients who were requested for ADA or IFX plasma levels were included.
Variables sex, age, type of pathology (Crohn's disease (CD) or Ulcerative Colitis (UC)), anti-TNF regimen, concomitant immunomodulators, type of recommendation (maintenance of regimen, optimisation, intensification) and acceptance of recommendations. The therapeutic interval (TI) was 3–10 mcg/ml (IFX) and 5–12 mcg/ml (ADA).
Data source electronic health record (Mambrino XXI®) and MwPharm++ pharmacokinetic monitoring software.
Results Seventy-two patients (65% male) were included, with a median age of 47 (16–77) years. Of these, 75% had CD and 25% had UC. 53 patients were on ADA and 19 on IFX. Seventy-eight pharmacokinetic monitoring tests were performed. 60% were within the TI, 21% were subtherapeutic and 19% were supratherapeutic. In 3 patients, the concentration was higher than the TI and was not in accordance with the previous ones, so a new control was requested. After this, it was confirmed that they were within the TI and maintenance of the regimen was recommended.
The pharmacokinetic recommendations conducted were maintenance of regimen (73%), intensification (17%) and optimisation (10%). 94% of recommendations were accepted. The recommendations that were not accepted (6%) were due to clinical worsening of the patient and a change of therapeutic target was made.
Conclusion and Relevance Based on the results of our study, the degree of acceptance of pharmacokinetic recommendations was high (94%). Pharmacokinetic monitoring is an important element of support in clinical decision making. Through this practice, the hospital pharmacist contributes to the optimisation of these treatments, helping to ensure that the appropriate adjustment is made for a better response.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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