psychotropic drug. The change from elvitegravir/cobicistat to bictegravir seems to be accompanied by a slight increase in the taking of psychotropic drugs, although it was not statistically significant.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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Conflict of Interest No conflict of interest.

4CPS-174 NASAL ESKETAMINE USE FOR MAYOR DEPRESSIVE DISORDER, FROM A THIRD-LEVEL HOSPITAL TO PERIPHERAL MENTAL CENTRES

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Background and Importance Esketamine was recently commercialised for major depressive disorder and in our community is available through a restricted program due to its characteristics and price. In this study, the patients started the treatment at an acute hospital and when they reach the maintenance were derived to peripheral Mental Health Centres.

Aim and Objectives Study the effectiveness and security of Nasal esketamine in an acute hospital.

Material and Methods All patients starting esketamine treatment from December 2022 to July 2023 were included. Efficacy and adverse effect (AE) data were collected and evaluated at each dose administered, objectively with the MADRS (Montgomery-Albert depression Rating Scale). A psychiatrist and psychiatric nurse evaluate subjectibly and a pharmacist registered it. This data were collected three times: before treatment, during and at the end of the study.

Results 33 patients were included; 20 women, median age 56 years [31–74] and median weight 72 kg [42–110]. Five patients left the treatment, three due to AE and two that were not evaluated by MADRS.

In 28 patients, the difference of the MADRS medians prior to treatment compared to the two times studied was significant (p=0.00). Before treatment the median was 44 (IQR 35–46.75), at the end of induction 25 (IQR 20–31.5) and at the end of the maintenance 23.5 (IQR 11.5–29.75).

Patients went from severe to moderate-mild depression in approximately 12 weeks, two patients obtained remission, MADRS <6 result.

Two patients dropped out due to severe dissociative AEs and another one due to lack of efficacy and AEs. Nevertheless, AEs were generally mild-moderate and tolerance improved as treatment progressed. Most frequent AEs were 73% drowsiness, 53% dizziness, 50% dissociative pictures, 36% transient hypertension, 13% gait instability. These effects generally subside within two hours and in some patients the tolerance improved increasing the time between nebulisation's more than 5–10 min.

Conclusion and Relevance EA profile and effectiveness is similar to the clinical trial. It is possible to manage these patients in peripheral Mental Health Centres due to the tolerance of the AE and the good results of the treatment, permitting discharge the acute hospital.

REFERENCES AND/OR ACKNOWLEDGEMENTS

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Conflict of Interest No conflict of interest.

4CPS-175 EFFECTIVENESS OF IMMUNOTHERAPY AS A FUNCTION OF AGE: META-ANALYSIS OF THE APPROVED COMBINATIONS IN FIRST-LINE METASTATIC NON-SMALL-CELL LUNG CANCER IN PATIENTS WITHOUT MUTATIONS

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Background and Importance It could be hypothesised that patients older than 65 years old may experience decreased immune function due to the natural aging process, which could lead to a more limited response to immunotherapy compared to those younger than 65 years old.

The forest-plot analysis for age-dependent overall survival from the clinical trial of cemiplimab in combination with chemotherapy in locally advanced or metastatic non-small-cell lung cancer (NSCLC), EMPOWER-Lung 3, showed a borderline interaction between the subgroups younger and older than 65 years old, with a p-interaction=0.0895 (own calculation) and HR 0.53 (0.39–0.72), HR 0.81 (0.55–1.18), respectively.

Aim and Objectives To verify the consistency of the hypothesis of an age-related effectiveness by a meta-analysis considering all approved immunotherapy combinations in first-line NSCLC.

Material and Methods A MEDLINE-PubMed literature search was conducted for phase III randomised clinical trials (RCTs) with similar population and duration of pembrolizumab, atezolizumab ± bevacizumab, nivolumab + ipilimumab, durvalumab + tremelimumab and cemiplimab, in combination with chemotherapy and nivolumab + ipilimumab. A meta-analysis was performed with the MetaSurv calculator. The primary endpoint was overall survival (OS) in patients younger and older than, or equal to, 65 years of age. Age-dependent OS data for immunotherapy combinations versus a common comparator, platinum-based chemotherapy, were compared. Interaction was considered significative if $p<0.05$ and doubtful if $0.05 \leq p < 0.1$.

Results A pooled HR of 0.67 (95% CI 0.58–0.76), $p<0.000001$ was obtained in patients younger than 65 years of age. Heterogeneity among trials estimate values were as follows: Q 14.84, p=0.03812. I2 53% (CI 95% 0–79%).

In those older than 65 years old, the combined HR obtained was 0.77 (95% CI 0.70–0.84), $p<0.000001$. Heterogeneity estimate values were as follows: Q for heterogeneity 0.81 p=0.99733. I2 0% (CI 95% 0–0%).

The calculated p-interaction between the combined HRs of the under-65 and over-65 groups was 0.0551, which is considered a doubtful interaction in a subgroup analysis.

Conclusion and Relevance A significant benefit for immunotherapy-chemotherapy over chemotherapy alone was shown in both age groups. There is some consistency regarding a greater effectiveness of immunotherapy in patients under 65 years of age, but more data would be needed to confirm this possible difference.

REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of Interest No conflict of interest.

4CPS-176 USE AND PERSISTENCE OF GUSELKUMAB IN TREATMENT FOR RHEUMATIC AND DERMATOLOGICAL DISEASE

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Background and Importance Guselkumab is anti-interleukin-23 monoclonal antibody used for moderate to severe psoriasis (msPs) and psoriatic arthritis (PsA) in patients refractory to other biological agents in clinical practice.
Aim and Objectives To analyse the profile of use and persistence of guselkumab in patients diagnosed with msPs and PsA.
Material and Methods An observational, descriptive and retrospective study (May 2019 to August 2023) in which we included all patients who initiated treatment with guselkumab. Data of sex, age, diagnostic, comorbidities, previous biological, start date, last dispensation date and the reasons for treatment discontinuation were collected from the medical records and prescription medications program.

Categorical variables were summarised as percentage (N) and as median for continuous variables. The cumulative probability of treatment persistence was analysed by Kaplan-Meier method and log-rank test to compare the survival along diagnostic, line of treatment and comorbidities using SPSS Statistics, considering a p-value <0.05.
Results Guselkumab was initiated by 40 patients, 57.5%(23) with PsA and 42.5%(17) with msPs. Median age was 54 years, and 57.3% (23) were female. All patients had prior exposure to biologic therapy except one, 87.5% (35) anti-TNF-a (adalimumab, infliximab, etanercept), 47.5% (19) anti-IL-17 (ixekizumab, secukinumab) and 30% (12) ustekinumab. The exposed patients 97.5% (39) had used 1–5 biologic therapies before guselkumab initiation, 40% (16) of patients received three or more therapies. 22.5% (9) of patients had no comorbidities, 35% (14) had at least one comorbidity and 42.5% (17) showed two or more.

The cumulative probability of guselkumab treatment persistence was 74.8% at 1 year and 67.3% at 2 years. Median persistence of guselkumab was 31.2 months (95% CI: 21.2–41.2). 32.5% (13) discontinued treatment during the study, the main cause of discontinuation was secondary failure (46.1%). Comparing groups, there were statistical differences in guselkumab's persistence in msPs vs PsA (14–36.7 months, p=0.059), however, patients with or without prior anti-IL-17 therapy, with or without comorbidities, or according to the number of prior biologics did not show any statistical differences.
Conclusion and Relevance Drug survival of guselkumab in this study is acceptable but main limitation is short follow-up time in some of the patients due to their recent coverage by the Spanish health system in PsA. More studies with larger sample sizes are needed to establish the factors that play a key role in the persistence of treatment.

REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of Interest No conflict of interest.

4CPS-177 LONG-ACTING INTRAMUSCULAR ANTIRETROVIRALS: WHAT REAL-WORLD DATA DO WE HAVE?

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Background and Importance The new intramuscular antiretroviral treatments (IM-ART), cabotegravir-rilpivirine, have represented a breakthrough in reducing stigma and improving adherence among HIV patients. However, it is necessary to understand how their real-world use impacts patient outcomes.
Aim and Objectives To assess the effectiveness and safety of IM-ART in real-world settings and investigate their impact on analytical parameters.
Material and Methods A retrospective observational study conducted from January to September 2023, including all patients treated with LA-ART with at least three doses. Demographic data (age, gender), treatment-related information (previous ART and presence of resistance mutations (RM)), clinical data (LDL-cholesterol, HDL-cholesterol, creatinine, GOT, GPT, alkaline phosphatase, GGT, total bilirubin, calcium, and phosphorus before and after IM-ART), and effectiveness data (HIV-RNA copies (CV), CD4 count, and CD4/CD8 ratio before and after starting IM-ART) were collected. Adverse events (AE) and pain assessed on the Visual Analog Scale (VAS) during the first two administrations were recorded. Paired Student's t-test and Wilcoxon signed-rank test were used for statistical analysis of differences between pre- and post-LA-ART variables, depending on the distribution. Statistical analysis was performed using Stata/IC16.1 software.
Results Sixty-six patients (93.9% men) were analysed. Median age: 42 years (IQR:38–46). 50,0% were receiving triple therapy before the switch, and 27.6% had at least one RM, which did not affect IM-ART. Three patients had CV>30 copies/mL before starting LA-ART. All patients included maintained CV<30 copies/mL during the study period. Statistically significant differences were observed in LDL-cholesterol (p=0.0193) and CD4 (p=0.0035) between pre- and post-IM-ART values.

All patients experienced at least one AE, with injection site reactions being the most frequent (98.5%). The observed AEs included: general malaise (36.7%), asthenia (13.6%), fever (12.1%), diarrhoea (9.1%), headache (7.6%), sleep disturbances (6.1%), nausea (3.0%), and others (4.5%). One patient discontinued IM-ART due to AE.

Differences in pain assessed on the VAS were observed between rilpivirine vs cabotegravir administration [0.9 (95% CI: 0.3–1.5; p=0.0029)] and between the second vs first administration: rilpivirine [1.6 (95% CI: 0.5–2.7; p=0.0042)]; cabotegravir [1.6 (95% CI: 0.6–2.6; p=0.0032)].
Conclusion and Relevance LA-ART has demonstrated effectiveness and acceptable safety in real-world data, consistent with the results of the ATLAS and FLAIR studies. Longer-term studies are needed to evaluate the evolution of CD4 counts, LDL levels and pain.

REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of Interest No conflict of interest.