With EQ-5D-5L-Questionnaire, patients evaluate his own health status. Crosswalk Index Value Calculator and SPSS-Statistics v28.0.1.1 were used for the health status calculation.

Results We analysed 32 patients with a median age of 52 years (IQR: 46.45–59.4) being 27 women. Twenty-eight of them were diagnosed with chronic migraine and four with high frequency episodic migraine. Two patients stopped treatment before 12 months due to lack of response (excluded from the analysis).

Average reduction in monthly migraines was 10.75 days (7.07–14.42). Mean migraines intensity before treatment was 8.6 (7.97–9.3); and 5.28 (4.18–6.37) after. Number of patients who report not having problems related to mobility, personal care, daily activities, pain/discomfort and anxiety/depression has increased and/or maintained after 12 months of treatment compared to baseline: 18 vs 21; 23 vs 23; 9 vs 18; 3 vs 12; and 6 vs 11, respectively. Mean according to EQ-5D-questionnaire before erenumab was 0.5694 (-0.008–1) and 0.7198 (-0.096–1) after. Improvement of quality life was considered statistically significant ($p<0.01$). Mean value of EVA scale before treatment was 50% (10–95%) and 68.5% (15–100%) after. Improvement in quality of life is considered statistically significant ($p=0.008$).

Conclusion and Relevance It is important to carry out studies that include greater sample, but in our experience treatment with erenumab has been a great improvement in quality life of patients with migraine, thus reducing the impact of their disease in their day to day.

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Conflict of Interest No conflict of interest.

4CPS-011 REAL-WORLD EFFECTIVENESS AND SURVIVAL OF GUSELKUMAB IN PATIENTS WITH PSORIASIS AND PSORIATIC ARTHRITIS: MULTICENTRE ANALYSIS IN DAILY CLINICAL PRACTICE BY THE VALENCIAN COMMUNITY PSORIASIS GROUP

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Background and Importance Guselkumab is approved for the treatment of psoriasis and psoriatic arthritis. Nonetheless, patients who participate in clinical trials are quite different from those seen in daily clinical practice.

Aim and Objectives The objective of our study was to assess the effectiveness and drug survival in patients who suffer from psoriasis and psoriatic arthritis in real-life settings treated with guselkumab in eight hospitals in Valencian Community (Spain).

Material and Methods This was a multicentric retrospective study, adult patients with psoriasis and psoriatic arthritis and was approved by the Drug Research Ethics Committee (CEIm). We included patients who had previous exposure to one or more biologic drugs and received guselkumab (April 2019 to October 2022 (42 months)).

Results A total number of 184 patients with plaque psoriasis (81.5% n=150) or psoriatic arthritis (18.5% n=34) were enrolled in this study, with a predominance of male patients (52.2%; n = 88). Mean (± SD) age at the initiation of guselkumab therapy was 37,3 ± 17.0 for psoriasis patients and 47,1 ± 14,1 for psoriatic arthritis patients ($p< 0.05$).

About the previous lines of treatment they had been received: 91.8% (n=169) received one, 62.5% (n=115) received two and 44.0% (n=81) had received more than three previous lines. As first-line of treatment, 65.7% (n=111) had been treated with tumour necrosis factor (TNF) inhibitor, 17.2% (n=29) with IL-12/23 inhibitor, 8.3% (n=14) with IL17 inhibitors, 3.0% (n=5) with IL23 inhibitors, and 3.0% (n=5) with apremilast.

The mean (± SD) PASI score decreased from 7.6 ± 5.8 at baseline to 1.5 ± 6.8 after 24 weeks of therapy ($p< 0.05$), and to 0.0 ± 1.2 after 52 weeks ($p<0.05$). These results are similar to those observed in pivotal trials VOYAGE 1, VOYAGE 2 and NAVIGATE (1, 2, 3) Reason for discontinuation: loss of effectiveness 14 (7.6%), lost follow-up two (1.1%), security issues two (1.1%), and others six (3.3%). Overall cumulative drug survival was 87.0% at 42 months.

Conclusion and Relevance This multicentre retrospective study analysed data from eight hospitals, demonstrating effectiveness and drug survival of guselkumab in a real-world setting, similar to those observed in pivotal trials.

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Conflict of Interest No conflict of interest.

4CPS-012 IMPROVING PARENTAL MEDICATION LITERACY BY PHARMACIST-LED DISCHARGE COUNSELLING IN PAEDIATRIC HAEMATOPOIETIC STEM CELL TRANSPLANTATION

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Background and Importance Children undergoing allogeneic haematopoietic stem cell transplantation (HSCT) require a broad spectrum of pharmacotherapy. After discharge, parents are liable for safe and effective drug use. As dosage depends on body weight and paediatric formulations are commonly lacking, children are prone to medication errors. Therefore, parents and children require a sufficient level of medication literacy (ML).

Aim and Objectives To evaluate the impact of a pharmacist-led discharge counselling for parents on a paediatric transplant unit at a tertiary care children's hospital.

Material and Methods A pharmacy-led discharge counselling program was developed based on the findings of a literature review and on the results of a status quo analysis of the actual medication education process. Service delivery was implemented as a preplanned counselling session with parents