3 months, as well as the absolute reduction of monthly acute medication days (AMD). Data were recorded from electronic medical records and patient interviews. The study was approved by the Ethics Committee. Informed consent was obtained.

Results We identified 110 patients who had received galcanezumab (n=57) and fremanezumab (n=53) as their first mAb. Of these, 24 (21,8%) switched to the CGRP-receptor mAb, erenumab. Of 105 patients treated with erenumab, 30 (28,6%) switched to a CGRP-ligand mAb. Three patients switched because of side effects, so 51 patients were included.

The ≥50% responder rate was 40% and 61,9% at 3 months with erenumab and CGRP-ligand mAb, respectively. MHD reduction: 17±7,4 to 13,8±8,7 and 16±7,7 to 8,4 ±6,1, respectively. AMD reduction: 16,1±9,9 to 15,4±10,2 and 11,7±9,2 to 7,6±7,3. Seven patients (35%) changed to a third mAb in patients that switched from ligand mAb to receptor mAb, 23,8% in the other group.

Conclusion and Relevance Switching seems to be a promising treatment option especially in migraine patients that switched from CGRP-receptor mAb to CGRP-ligand mAb. However, some of them need to switch to a third mAb. More studies are needed to describe which patients will respond to CGRP-mAb switching.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-019 DIFFERENCES IN MEROPENEM DOSE ADJUSTMENT WITH CALCULATION OF GLOMERULAR FILTRATION RATETHROUGH DIFFERENT FORMULAS

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Background and Importance Meropenem is a carbapenemic antibiotic that is mainly eliminated by renal route. Therefore, an alteration of the glomerular filtration rate (GFR) may affect the elimination of the drug. GFR can be calculated using several validated formulas using different parameters.

Aim and Objectives The aim of the study was to analyse the discrepancies between the results of the different GFR equations and the dosage adjustment.

Material and Methods A descriptive, retrospective and cross-sectional study that included patients treated with meropenem for 3 months was performed. The standard dose was 1g every 8 hours. Dose adjustments were made according to a data sheet (TFG <50mL/min and <25mL/min).

Age, sex, weight, creatinine (mg/dl), urea (mg/dl), albumin (g/dl)) and meropenem doses were recorded. With these data, the GFR was calculated: Chronic Kidney Disease Epidemiology Collaboration (CKD-EPI) (ml/min/1.73m2); Modification of Diet in Renal Disease Study Equation (MDRD) (ml/min/1.73m2); and Cockcroft-Gault (CG) (ml/min).

Results A total of 136 patients were included. The mean age was 76.84 + 12.7 years. The calculation of mean GFR according to the different equations was as follows: 60.46 ± 49.0 ml/min/1.73m2 (MDRD); 72.12 ± 49.6 ml/min (Cockroft-Gault) and 86.17 ± 63.1 ml/min/1.73m2 (CKD-EPI).

Dose adjustment was carried out In 19.12% (26) of the patients meropenem dose adjustment was performed with GFR <50ml/min and in 12.5% (17) GFR <25ml/min was adjusted.

The dose adjustment of meropenem should have been with MDRD: 39.8% (54) of the patients had a GFR lower than 50ml/min and 23.53% (32) had a GFR lower than 25ml/min. According to Cockroft-Gault: 38.23% (52) of the patients had GFR <50ml/min and 16.17% (22) had GFR <25ml/min. Finally, according to CKD-EPI, 36.03% (49) had GFR <51ml/min and 12.5% (17) had GFR <25ml/min.

Finally, it was observed that 2.2% (3) of the patients had no dose adjustment for GFR <50ml/min when any of the equations indicated this; and that in 14.0% (19), dose adjustment by GFR <25ml/min was not performed when required it.

Conclusion and Relevance There are significant discrepancies in the calculation of GFR with different equations, which affects the dose adjustment of meropenem. Taking into account the values of several equations would improve both the efficacy and safety of meropenem treatment.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-020 EVALUATION OF THE EFFECTIVENESS OF MONOCLONAL ANTIBODIES AGAINST MIGRAINE HEADACHE

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Background and Importance Erenumab and galcanezumab are monoclonal antibodies that act at the level of the calcitonin gene-related peptide, elevated in patients with migraine.

Aim and Objectives To establish the effectiveness of erenumab and galcanezumab in the treatment of migraine.

Material and Methods Observational, single-centre, retrospective study. All adult patients who initiated treatment between February 2020 to March 2023 were included.

Demographic data were collected (age and sex), drug discontinuation and its reason (primary, secondary failure or adverse effects [AE]) and duration of treatment.

According to our centre's protocol, these treatments are intended to be withdrawn after one year, as they are prophylactic treatments, not continuation treatments. Thus, the main endpoint to determine the drug's effectiveness was the response at 1 year of treatment and the evolution after withdrawal (resumption of treatment vs no treatment).

Statistical analysis was performed using Pearson's Chi-square test (SPSS v. 26.0).

Results We included 273 patients (59% erenumab, 41% galcanezumab), of whom 82% were women. Median age: 52 years [19 – 83].

With erenumab, 9% of patients achieved complete response at 1 year and were able to withdraw treatment. However, 21% of patients had a partial response, 11% were secondary failures and 10% continued without withdrawing the drug. 43% discontinued; after primary failure (37%) or AE (6%), mainly constipation.

With galcanezumab, 10% of the patients achieved a complete response at one year and were able to withdraw the