4CPS-043 EFFICACY AND SAFETY OF ANTI-CALCITONIN GENE-RELATED PEPTIDE MONOCLONAL ANTIBODIES FOR MIGRAINE PROPHYLAXIS: ONE-YEAR REAL-LIFE EXPERIENCE

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Background and Importance Clinical manifestations of migraine compromise patient's quality of life (QoL). Randomised studies showed monoclonal antibodies against calcitonin gene-related peptide (AM-anti-CGRP) reduce frequency and intensity of migraine episodes but there is still lack of real-life effectiveness and safety data in some clinical scenarios.

Aim and Objectives Assess the one-year efficacy and safety of AM-anti-CGRP in those patients' refractory to other prophylactic treatments through clinical pharmacist assessment.

Material and Methods Observational and retrospective study including patients with chronic migraine (CM) or episodic migraine (EM) who started treatment with AM-anti-CGRP between March 2020 and March 2022 completing one-year treatment.

Pharmacotherapeutic follow-up was performed together with the Neurology team. Sex, age, type of migraine and number of previous treatments were collected. Migraine days per month (MDM) and QoL scale (HIT-6) was assessed at baseline, 6- and 12-months follow-up. Treatment response was considered if there was an improvement of 50% MDM at 6 months or ≥30% of HIT-6 at one year. Drug adverse effects that conditioned treatment continuation were assessed.

Results 42 patients were included (CM=29; EM=13), 69% female, mean age 44.6±9.9 years. 51 treatments were recorded (22 erenumab, 23 galcanezumab, 6 fremanezumab). Patients received a mean of 6±1.6 (erenumab group), 5.4±1.4 (galcanezumab group) and 6.2±1.5 (fremanezumab group) prior treatments.

Mean±SD baseline MDM and median (range) HIT-6 values were: 17.6±8.0 and 67(52–74) (erenumab group), 20.7±7.7 and 68(53–78) (galcanezumab group) and 20.8± 8.7 and 70 (52–72) (fremanezumab group) days.

Mean±SD MDM values at 6- and 12-month follow-up were: 6.4±4.6 and 6.2±4.5 (erenumab), 10.7±8.2 and 10.3 ±7.7 (galcanezumab) and 6.7±0.6 and 7.5±2.1 (fremanezumab).

Median (range) HIT-6 values at 6- and 12-month follow-up were: 58.5(44–78) and 53(44–74) (erenumab), 62(46–78) and 65(54–76) (galcanezumab) and 62(46–78) and 65(54–76) (fremanezumab).

14 (63.6%), 15 (65.2%) and 3 (50%) of patients, responded to erenumab, galcanezumab and fremanezumab, respectively.

3 patients discontinued treatment due to adverse effects (n=2 erenumab-group, n=1 fremanezumab-group).

Conclusion and Relevance High responses rates ≥50% were observed in the three groups, higher in the galcanezumab group although conclusions limited due to small sample. Results show treatments were safe and well-tolerated, with only 5.88% treatment discontinuations due to adverse effects. Multidisciplinary follow-up including clinical pharmacist assessment could help optimising treatment response and safety.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of Interest No conflict of interest.

4CPS-044 PRE-EXPOSURE PROPHYLAXIS DROP-OUT: FOLLOW-UP AND RELINKING THROUGH TELEPHONE CONTACT

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Background and Importance Pre-exposure prophylaxis (PrEP) is an effective HIV prevention strategy for people at high risk of infection. Long-term adherence to PrEP program in our health care setting is unknown.

Aim and Objectives To identify users who dropped out PrEP and to evaluate the usefulness of telephone contact for recapturing, through a multidisciplinary strategy (Infectious Diseases-Pharmacy).

Material and Methods Transversal study on a cohort of PrEP users (April 2022-July 2023). Potential users without drug dispensing in the last three-months were identified. Clinical histories were reviewed to determine 'true treatment discontinuations' (TTD). Those patients were contacted by telephone to offer relinking. Statistical analysis: values were expressed as medians (interquartile range-IQR) and patients (percentages).

Results Follow-up in 292 users: 47 (16%) potential dropouts, 23 (7.9%) TTD. The remaining 24: 15 cases were suitable discontinuations, 1 unsuitable discontinuation, 3 used PrEP on demand without requiring standard dispensing, 1 was transferred to another hospital and 4 were awaiting dispensation.

Abstract 4CPS-044 Table 1 Characteristics of 23 TTD

		N (%)/median (IQR)
Gender	Cis man	23 (100)
Age		33.6 (29.5–39.7)
Origin	Spain Latin-America Europe/Western	12 (52.2) 8 (34.8) 3 (12)
Medical history	Psychiatrists Smoker Alcohol Non-sexual drugs Chemsex Three-month sessions Slamsex	6 (26.1) 11 (47.8) 16 (69.6) 16 (69.6) 6 (26.1) 2.5 (5) 2 (8.7)
Previous sexually transmitted infection (STI)	Syphilis MonkeyPox	8 (34.8) 1 (4.3)
% preservative		65 (52)
Couples/month		6.5 (4.3–11.5)
Previous PrEP		6 (26.1)
Previous post-exposure prophylaxis (PEP) Number of PEPs		13 (56.5) 1 (0–2)
Baseline tests	VIH Hepatitis B virus Hepatitis C virus *Neisseria gonorrhoeae Chlamydia trachomatis* Lymphogranuloma venereum *Mycoplasma genitalium* Syphilis	0 0 0 1 (4.3) 0 0 2 (8.7) 0
N° users/month		3.9 (2.8–6.0)
Medical revisions		1 (0–2)
Reason for loss of tracking	Discontinuation Ending risky behaviour Transfer Missed appointment Others	14 (60.9) 1 (4.3) 3 (13) 4 (17.4) 1 (1)
Relinked patients		8 (34.8)