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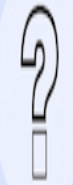
AIM
 Describe the prescription of ustekinumab in real-life condition in our hospital

BACKGROUND

Anti-TNF are recognised as the primary therapeutic option for patient with moderate to severe Crohn

OBJETIVES

To asses the **appropriateness** of ustekinumab prescription.



POPULATION

All patients treated with ustekinumab were included 2017-2021



APPROPRIATENESS PRESCRIPTION

- Therapeutic drug monitoring
- Intensification before switching
- Contraindications to use anti-TNF



VARIABLES

- Demographic
- Previous anti-TNFα agents used
- Dose or Interval intensification
- Drug trough
- Anti-drug antibodies measurements
- Primary or secondary failure
- Concomitant medication
- Ustekinumab doce
- Reason to switch (biomarkers, symptoms, mucosal inflammation)



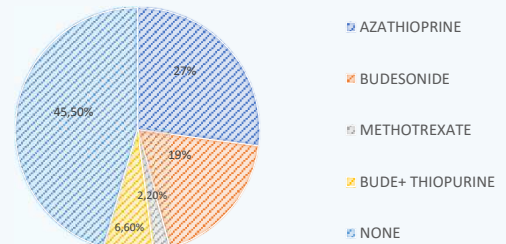
MATERIAL AND METHODS

RESULTS

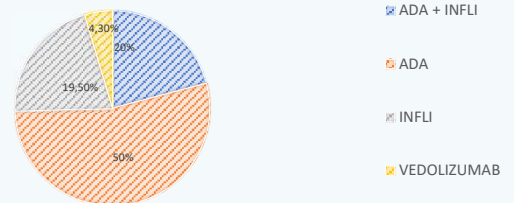
THE 56,1% OF THE PRESCRIPTION WERE CONSIDERED INAPPROPRIATE

47 patients Average age: 46,5
 Median dose ustekinumab 387,8 mg

CONCOMITANT MEDICATION



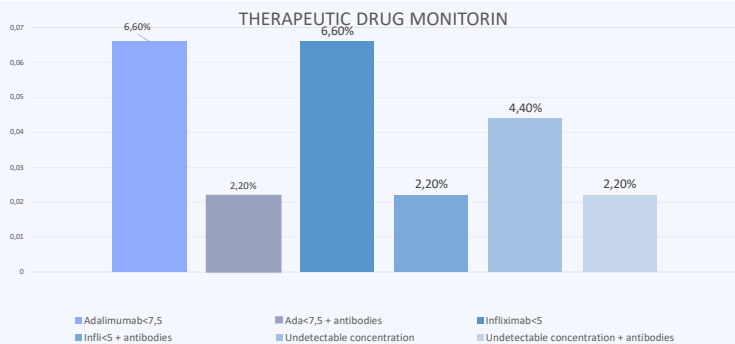
PREVIOUS TREATMENT



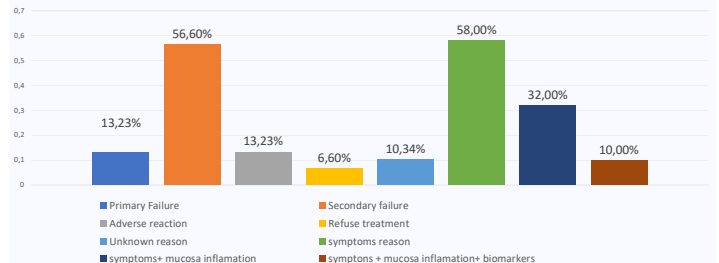
INTENSIFICATION



THERAPEUTIC DRUG MONITORIN



REASONS TO SWITCH



CONCLUSION AND RELEVANCE

Given the high number of patients without therapeutic drug monitoring or without dose or interval intensification, it was decided to create: an **interdisciplinary comission** made up of digestive and pharmaceutical in order to **optimize the drug prescription in Crohn's disease**

The therapeutic drug monitoring was realized in 35,2% of the patients. In 19,11% the monitoring was not applicable.