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SWITCHING AND DISCONTINUATION OF DISEASE-MODIFYING TREATMENTS IN MULTIPLE SCLEROSIS PATIENTS: EXPERIENCE IN AN UNIVERSITY HOSPITAL

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Background and Objective



Purpose

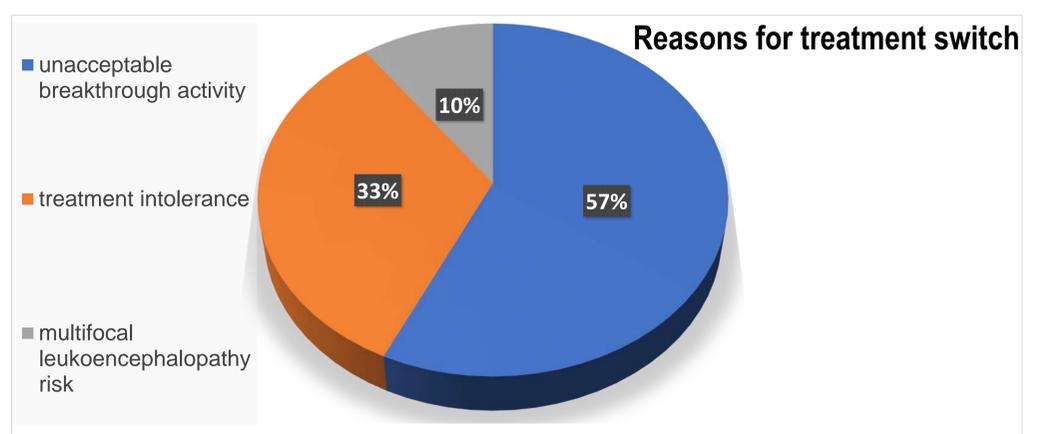
To describe the reasons that brought about treatment modification with reference to: switch, temporary interruption or permanent discontinuation.

Methods

- Observational, retrospective study in a university hospital from December 2019 to December 2020, including patients with SMRR.
- Data was collected from reviewing patient clinical records and variables analyzed were:
 - ✓ Average age at diagnosis
 - ✓ Sex
 - ✓ DMT (before and after switch)
 - ✓ Reason for changing treatment
 - ✓ Duration of initial therapy
 - ✓ Number of changes

Results

Number of MS patients	200	
Number of patients with any treatment modification	106 (69W)	1 switch- 82
		2 (or more) switches- 24
Average age at diagnosis (Standard deviation)	39,9 years (9,47)	
Number of patients with permanent discontinuation	0	
Number of patients with temporary intreruption	8 (4 for pregnancy, 4 for other personal reasons)	
Evolution to progressive form-SMSP (permanent disability)	9	



Most remarkable reasons for treatments intolerance

- Interferon related flu-like symptoms
- depression
- Injection-site reaction

Conclusion

Modification between first-line DMT or **escalation** to higher potency therapies was a **common** occurrence during our study. Most patients were treated with first-line drugs before and after the modifications.

Lack of efficacy remains the main driving force behind **switching**. These results confirmed that some patients can experiencing disease activity despite DMT and necessitate escalating to a more potent treatment for preventing worsening of disability. Determining which DMT is best for which patient and when to switch remains a major challenge and patient's personal preferences should be considered.