

EFFECTIVENESS OF IMMUNOTHERAPY IN SEVERE UNCONTROLLED ASTHMA

M. Bitlloch Obiols¹, L. Pérez Cordon¹, J. Delgado Rodríguez¹, A. Sánchez Ulayar¹, V. Aguilera Jiménez¹, M. Pujal Herranz¹, T. Gurrera Roig¹, D. López Faixó¹, C. Agustí Maragall¹, L. Campins Bernadàs¹.

¹Hospital De Mataró, Pharmacy, Mataró, Spain.

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BACKGROUND AND IMPORTANCE

It is estimated that asthma affects 4.9% of adults in Spain and 3.9% are classified as severe uncontrolled asthma (SUA). Omalizumab, mepolizumab, reslizumab and benralizumab are monoclonal antibodies indicated in the treatment of SUA in adults.

OBJECTIVES

To analyse the effectiveness and improvement in quality of life in patients with SUA treated with monoclonal antibodies in a second level hospital.

MATERIAL AND METHODS

A retrospective observational study was conducted of all patients with SUA who received monoclonal antibody therapy from August 2011 to September 2019.

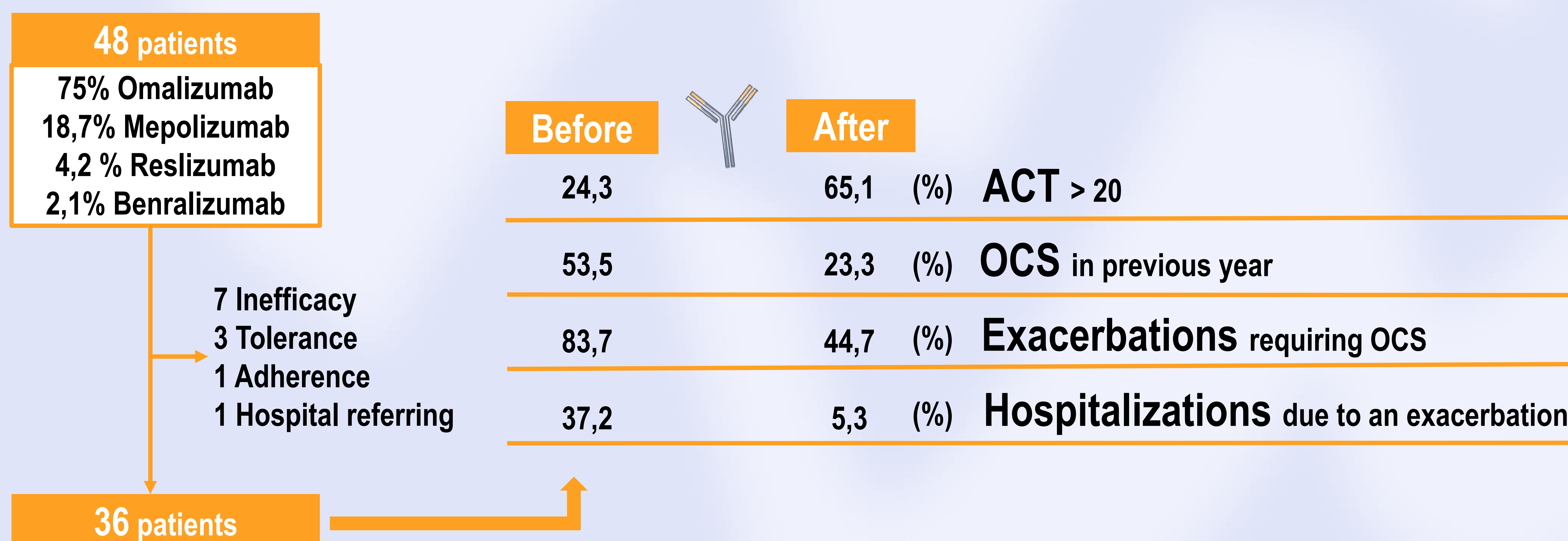
Age, gender and clinical data (treatment duration, ingestion of oral corticosteroids (OCS), asthma control test (ACT), presence of exacerbations requiring OCS and hospitalisations related to asthma) were recorded before starting immunotherapy and at the last follow-up visit.

Effectiveness was evaluated as a reduction in OCS, exacerbations and/or hospitalisations. ACT was used to evaluate improvement in quality of life, with a score of at least 20 considered good control of asthma.

RESULTS

Forty-eight patients were included, 70.8% (n=34) were women, mean age was 56 years (23–79), and 75% (n=36) were treated with omalizumab, 18.7% (n=9) with mepolizumab, 4.2% (n=2) with reslizumab and 2.1% (n=1) with benralizumab. Mean duration of treatment was 31, 9, 8 and 1 month, respectively. Effectiveness was not evaluated in three patients due to lack of information. Treatment was discontinued in 7 patients for inefficacy, 3 for tolerance, 1 for adherence and 1 for hospital referral. Three patients were switched from omalizumab to mepolizumab during the study.

Before starting immunotherapy, 24.3% (n=10) of patients had ACT >20, and in the previous year 53.5% (n=23) took OCS, 83.7% (n=36) had exacerbations requiring OCS and 37.2% (n=16) required at least one hospitalisation due to an exacerbation. After treatment, the last follow-up results were 65.1% (n=28), 23.3% (n=10), 44.7% (n=17) and 5.3% (n=2), respectively.



CONCLUSIONS

Immunotherapy was effective in most cases, reducing exacerbations and hospitalisations in SUA. It also allowed discontinuation of OCS therapy. The improvement in quality of life was proved with the increase in ACT score, despite its subjectivity.



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