EVALUATION OF A PHARMACEUTICAL CARE PROGRAMME FOR PATIENTS BEING TREATED WITH OMALIZUMAB

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de la Salud

R. MESA EXPÓSITO, I. PLASENCIA GARCÍA, M.A. OCAÑA GÓMEZ, DE LEON GIL A., E. TÉVAR ALONSO, M. VERA CABRERA, A. FERRER MACHÍN, ALVAREZ TOSCO K, PEREZ MARTIN C, F.J. MERINO ALONSO.

Hospital Universitario Nuestra Señora de Candelaria (S/C de Tenerife, Spain)

BACKGROUND

The problem of severe asthma refractory to treatment has been addressed in clinical practice guidelines, but there is still a notable percentage of patients poorly controlled, under-treated and with inadequate follow-up. In this situation, the Pharmacy Service (PS) of a third-level hospital proposed a pharmaceutical care program (PCP) to dispense the omalizumab in pre-filled syringes for self-administration in the Hospital and subsequently the patient would self-administer at home.
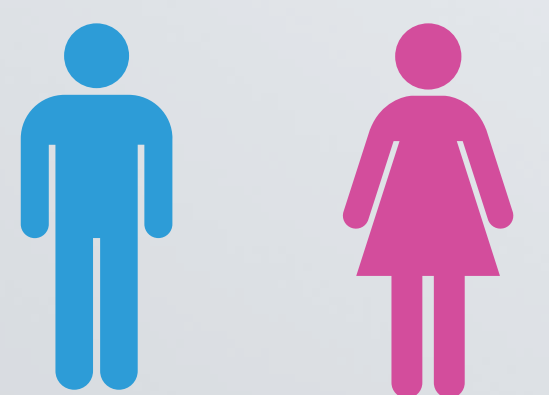
PURPOSE

Evaluate the effectiveness and safety of treatment with omalizumab after the implementation of a PCP program for asthmatic patients treated with omalizumab in January 2019.

MATERIALS AND METHODS

In this observational retrospective study, all patients treated with Omalizumab who were treated in our hospital and had started in the PCP were located. The primary endpoint was the degree of effectiveness and safety of Omalizumab in patients with the new protocol. The effectiveness indicators used to compare periods were: the number of exacerbations due to asthma, ACT12 score and clinical status assessment of asthma by the doctor (reduction in forced expiratory volume in 1 second (FEV1)). The exacerbation was defined as the increase in symptomatology that required corticosteroid recovery treatment systemic. Secondary endpoints included the adherence to treatment and treatment modifications.
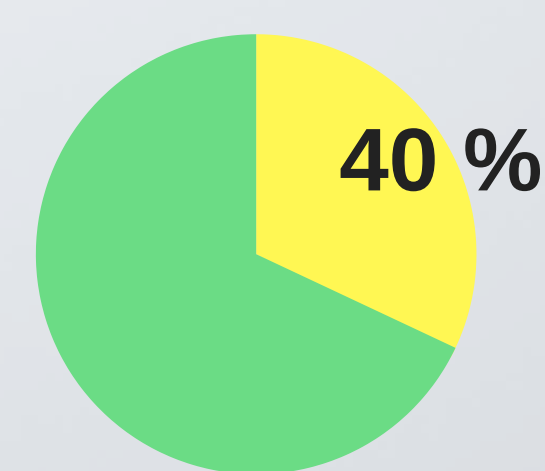
RESULTS

A total of 28 patients were evaluated. They were 50% women with a mean age of 24 years (8-56), an average of 29 months (1-66) in treatment with omalizumab. Since the introduction in the PCP, 18% of patients suffered exacerbations (1-4) with an average of ACT2 score of 11. 40% of patients presented an improvement in FEV1 and no patient reported a reaction at the injection site. The adhesion to omalizumab was 96%, however adherence to the basic treatment was only good in 45% and was zero in 4 patients.

50 %   50 %

40 %

% of patients with improvement in FEV1

CONCLUSIONS

In spite of getting better glycemic control with the basal-bolus regimen, the adherence to it was low. In the future, the suspension of the OADs or their change to insulin after admission will be a difficult target that we have to reach.

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✉ rmesexpg@gobiernodecanarias.org
🐦 @Raquelmexpo

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