

ADHERENCE TO NEBULIZED ANTIBIOTICS IN CYSTIC FIBROSIS PATIENTS AFTER STARTING ELEXACAFTOR/TEZACAFTOR/IVACAFTOR.

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Background and Importance

Elexacaftor/tezacaftor/ivacaftor (ETI) are bringing about a major change in the treatment of cystic fibrosis (CF) patients. However, continuing with other treatments such as nebulized antibiotics is necessary.

Aim and Objectives

To assess the adherence to inhaled antibiotics before and after starting ETI. Secondary objectives: To assess effectiveness of ETI.

Material and Methods

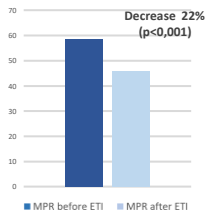
Observational, retrospective study carried out between March 2023 and September 2023, including patients who started with ETI before September 2022, 12 years of age or older when they started, and treated with at least one nebulized antibiotic.

Variables: age, sex, change from baseline in FEV1 at month 12, difference in rate of pulmonary exacerbations one year before and after starting ETI, difference in Medication Possession Ratio (MPR) to nebulized antibiotics one year before and after starting ETI and MPR to ETI during 12 months.

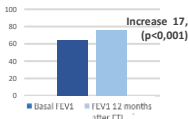
Results

Variable	Population (N=33)
Female	66,30%
Male	33,7%
Age (mean \pm SD)	28,1 \pm 12,5
Previous tezacaftor/ivacaftor	42,40%
MPR to ETI (mean \pm SD)	89,7% \pm 18,5

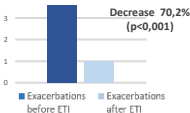
MPR TO NEBULIZED ANTIBIOTIC



FEV1 DIFFERENCE



PULMONARY EXACERBATION DIFFERENCE



Conclusion

ETI has shown a good efficacy in our population. However, the adherence to nebulized antibiotics decreased significantly. More studies are needed to evaluate the safety of withdrawing nebulized therapies post-ETI. A strategy to improve adherence in patients with CF has been initiated in collaboration with the CF unit of our hospital.

