EFFICACY AND SAFETY OF BENRALIZUMAB IN SEVERE EOSINOPHILIC ASTHMA IN A TERTIARY HOSPITAL

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BACKGROUND AND IMPORTANCE

Asthma is a chronic airway inflammatory disease that affects more than 300 million people worldwide. A quarter of these patients have severe eosinophilic asthma: Presence of eosinophils in bronchial biopsies and sputum. In the last few years, monoclonal antibodies such as mepolizumab, benralizumab, reslizumab or tezepelumab have been approved for its treatment.

AIM AND OBJECTIVES

To assess effectiveness and security of monoclonal antibody **benralizumab** for the treatment of severe eosinophilic asthma in real life in a tertiary hospital.

MATERIAL AND METHODS

Observational, descriptive and **retrospective** study carried out between July 2017 and September 2024, including adult patients treated with mepolizumab for at least one year in a tertiary hospital.

Variables included: age, sex, duration of treatment, eosinophil count, number of exacerbations, daily oral corticosteroid dose, and adverse effects associated with treatment.

Data were extracted from digital medical records and in-hospital electronic prescribing and they were analysed with the statistical program IBM SPSS statistics version 29.0.2.0.

RESULTS

Sex	Median age	Median duration of treatment
Female (n=39) 88,6%	55 years old (rank 37-84)	30.0 months

A total of 14 patients (31.3%) experienced adverse reactions associated with treatment, all were **mild**

Mean blood eosinophil count	Before the start of treatment	After the start of treatment
	549.0 ± 342.5 eosinophils/µl	11.8 ± 33.4 eosinophils/µl
Mean of exacerbations	The year before treatment	The year after treatment
	1.8 ± 2.2 exacerbations	0.3 ± 0.9 exacerbations
Number of patients with daily corticosteroids	Before the start of treatment	After the start of treatment
	18 patients	14 patients

CONCLUSION AND RELEVANCE

·Significant reduction in eosinophil levels, in the rate of exacerbations and in the need for daily oral corticosteroids after treatment.

·Moderate incidence of adverse effects.