

REAL-WORLD EFFECTIVENESS, SAFETY, AND ADHERENCE OF NINTEDANIB IN A TERTIARY CARE HOSPITAL

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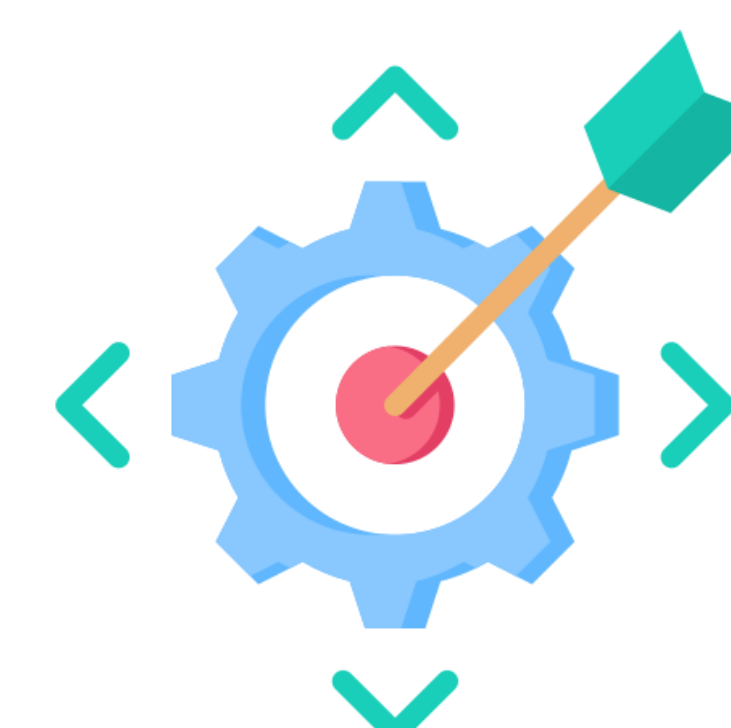
BACKGROUND



- Diffuse interstitial lung diseases (DILD), including idiopathic pulmonary fibrosis (IPF) and progressive fibrosing lung disease (PFLD), may evolve into a fibrotic phenotype with functional decline. Antifibrotic therapy, particularly nintedanib, has significantly improved management by slowing forced vital capacity (FVC) decline.

OBJECTIVE

- To evaluate efficacy, safety, and adherence with nintedanib in patients with pulmonary fibrosing disease in a tertiary hospital.



MATERIAL AND METHODS



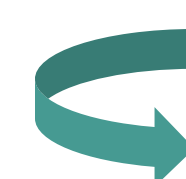
- Observational, retrospective, single-center study.
- Patients who started nintedanib between January 2020 and March 2025.
- Information was obtained from pharmacy dispensing records and Electronic Health Records

DATA COLLECTED



- Age
- Sex
- Diagnosis
- Prescribing service
- Adherence

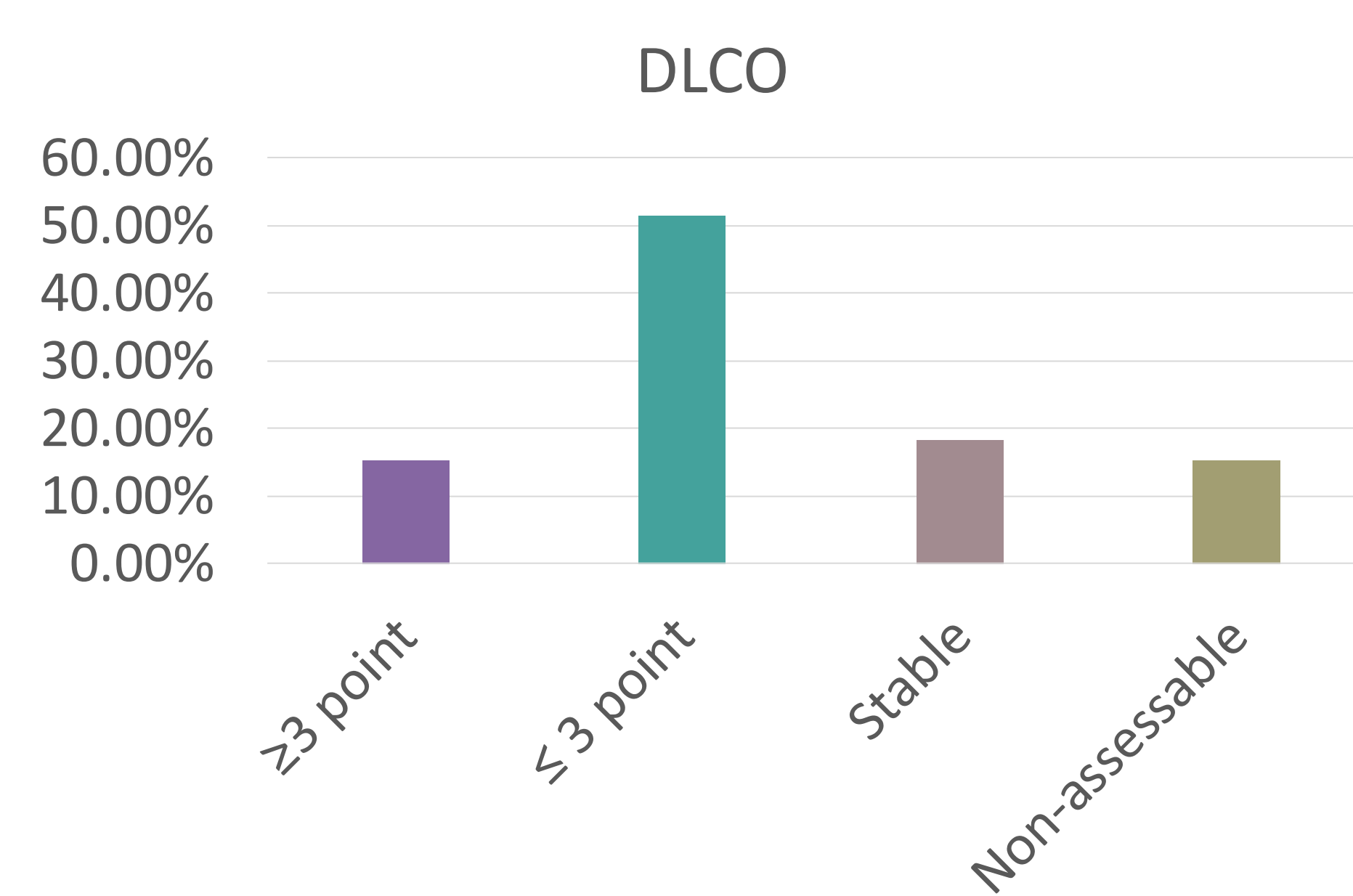
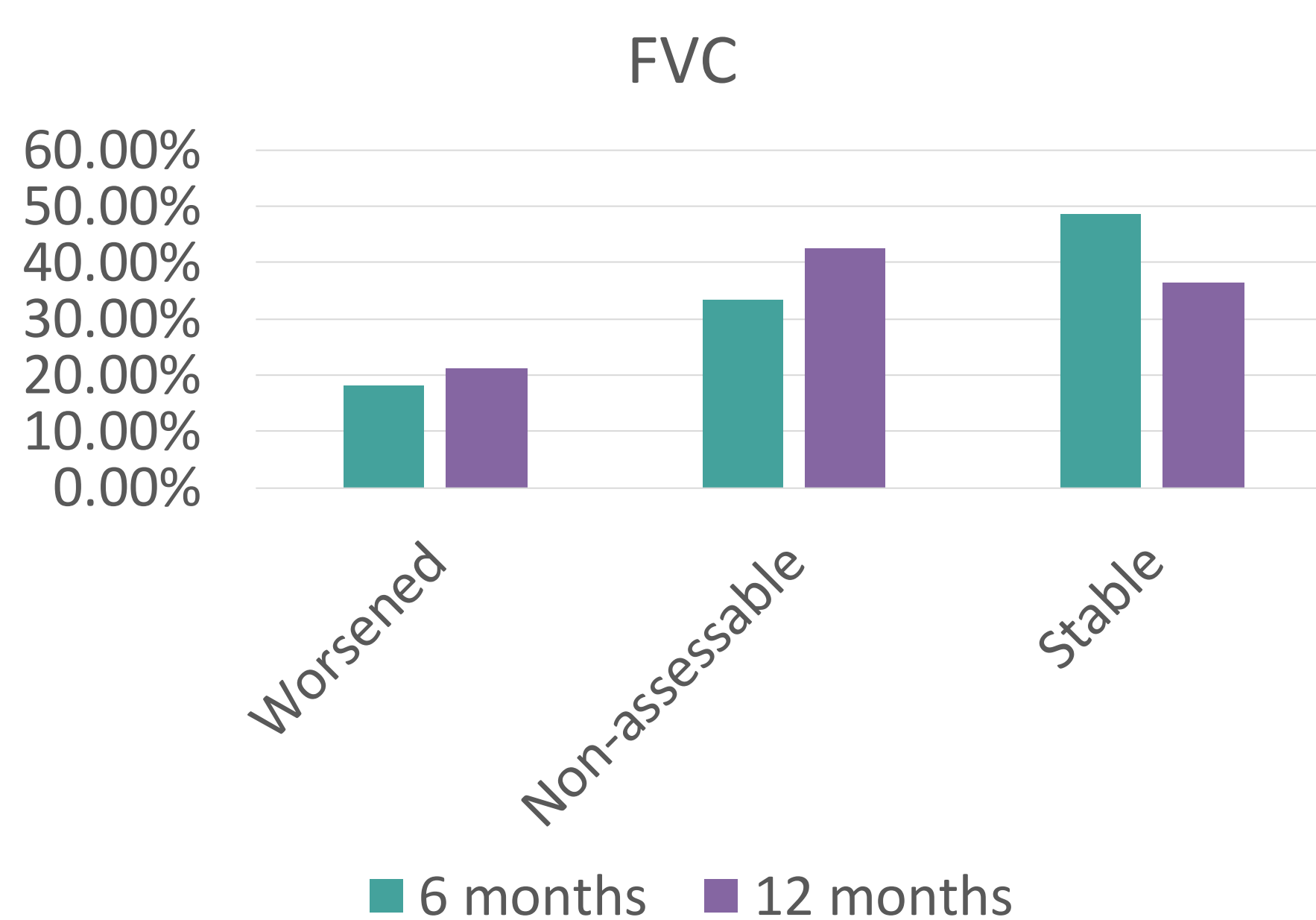
- Treatment initiation
- Reason for treatment change
- Treatment duration
- FVC, DLCO, and walking test at baseline, 6 and 12 months
- Dose reduction or withdrawal
- Hospital admissions
- Concomitant medication



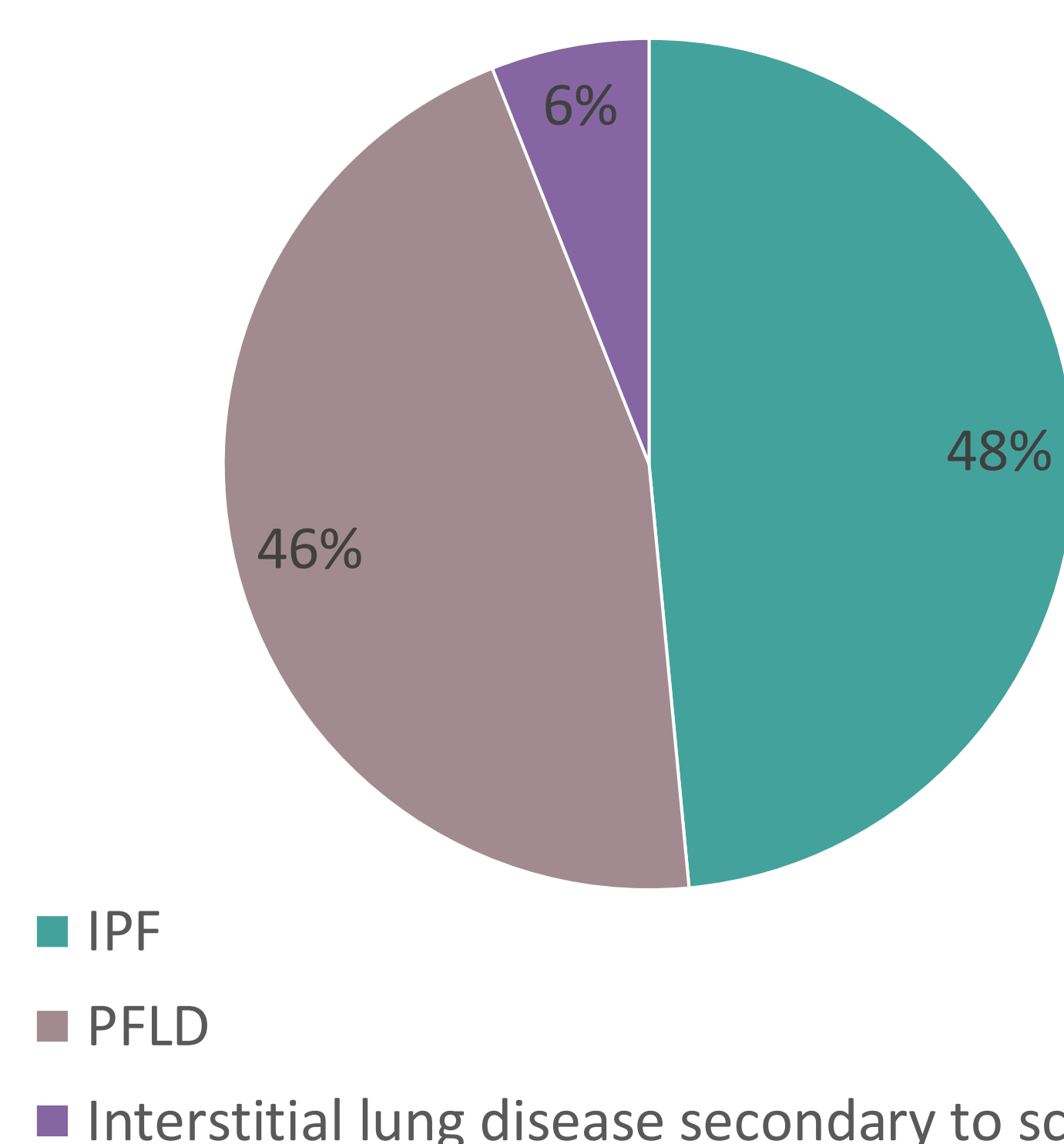
Defined as a possession rate $\geq 90\%$ based on dispensing records

RESULTS

- Thirty-three patients were included, 21(63.6%) male, with a mean age of 69 ± 15 years. Prescribing departments were Pneumology (67%), Rheumatology (18%), and Internal Medicine (15%).
- The mean treatment duration was 636 ± 487 days.



DIAGNOSIS



- By diagnosis, stable FVC was observed in 27.3%, 21.2%, and 18.2% of IPF patients at baseline, 6, and 12 months, compared with 18.2%, 12.1%, and 15.1% in PFLD.
- The walking test was stable, though data were unavailable in 48.5% and 60% of the patients at 6 and 12 months.
- Adherent patients were 87%. Treatment discontinuation occurred in 36%: death (18%), diarrhoea (15%), and due to lung transplantation (3%). Dose reduction was required in 33%.
- Concomitant therapy included prior mycophenolate in 18% and ≥ 5 drugs in 73%. Hospitalizations occurred in 45%.

CONCLUSIONS



- Nintedanib slows progression of pulmonary fibrosis, promoting clinical stability. Diarrhea was the most significant adverse effect, leading to dose reductions or discontinuation.
- Advanced age, polymedication (73% of patients), and clinical vulnerability reinforce the need for close monitoring by hospital pharmacies.

