EVALUATION OF PREMEDICATION USE IN ADVERSE DRUG REACTIONS OCCURRENCE IN PATIENTS WHO RECEIVED INFLIXIMAB TO TREAT INFLAMMATORY BOWEL DISEASE

X. Larrea Urtaran[1], Q López Noguera[1], G. Espín Martín[2], L. Torrealba Medina[2], C. Díez Vallejo[1], À. Castelló Nòria[1], M. Bruguera Teixidor[1], E. Nogué Pujadas[1], D. Busquets Casal[2], R. Sacrest Güell[1].

1. University Hospital Dr. Josep Trueta, Pharmacy Deparment, Girona, Spain.
2. University Hospital Dr. Josep Trueta, Digestive Department, GIRONA, SPAIN.

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AIM AND OBJECTIVES

Infliximab can cause infusion-related reactions like delayed hypersensitivity or anaphylactic shock. Using corticosteroids or antihistamines as premedication can reduce adverse drug reactions (ADRs) frequency.

OBJECTIVE: evaluate premedication impact on ADRs occurrence in patients with inflammatory bowel disease (IBD) who received infliximab.

MATERIAL AND METHODOS

Retrospective, observational study.

- Patients with IBD who received intravenous infliximab from January 2016 to December 2020.

- Demographic variables (age and sex).
- Type of IBD.
- Harvey index.
- Mayo index.
- Premedication used (type of drug and number of administrations).
- Number of infliximab administrations.
- ADRs characteristics.

Statistical analysis:

- Mean.
- Standard deviation (SD).
- Absolute risk (AR).

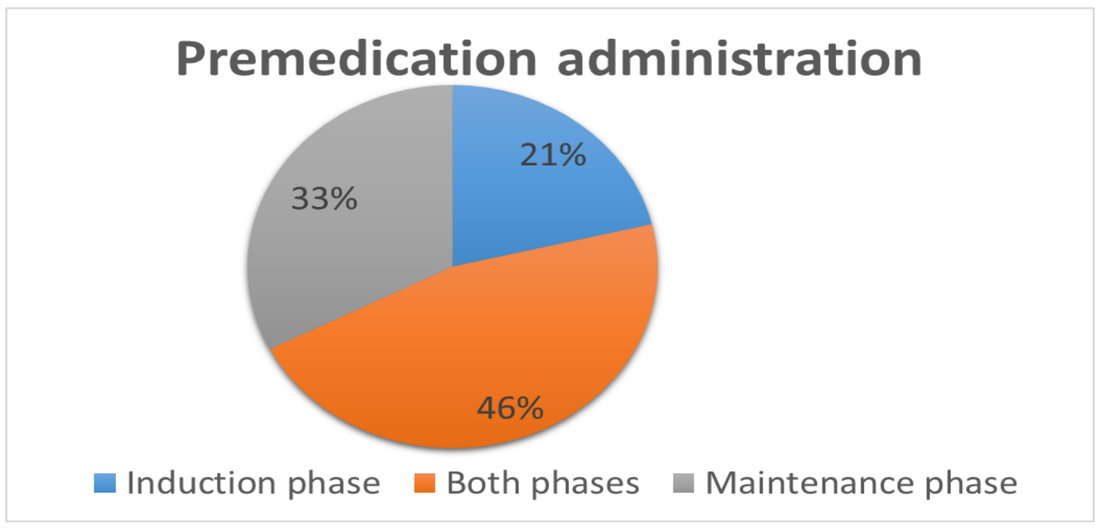
RESULTS

119 patients were included with an average age of 46 ± 17 years and 42% were women.

42 patients had **ulcerative colitis**: partial Mayo score mean of 3.7 ± 2.3.
74 patients had **Crohn's disease**: Harvey score mean of 7.1 ± 3.7 .
3 patients had **indeterminate colitis**.

A total of **1909 infliximab infusions** were administrated: **premedication was used in 1185 administration in 80 patients**.

Glucocorticoids were used as a premedication in **97.5% of cases**.



25 ADRs were recorded **in 21 patients**.

-The patients (n=17) **who received premedication** had 21 ADRs and an AR of 10.3% (CI95, 0.7%-19.8%).
-The patients **who didn't receive premedication** had 4 ADRs (n=4) and an AR of 21.3% (CI95, 12.3%- 30.2%).

44% of ADRs occurred in induction phase and 56% in maintenance phase.

The **main symptoms** of ADRS registered:

skin manifestations (n=16)
cardiovascular (n=6)
respiratory symptoms (n=3).

CONCLUSIONS

No lower absolute ADR risk were observed in patients who **received premedication** compared to patients who did not receive premedication. More studies should needed in order to evaluate the impact of premedication on ADRs occurrence.

Trueta Hospital de Girona

IDIBGI Institut d'Investigació Biomèdica de Girona Dr. Josep Trueta