Nº: 4CPS-159
ATC code: L04

PERIOPERATIVE MANAGEMENT OF ANTIRHEUMATIC MEDICATION IN REAL PRACTICE. IS MISMANAGEMENT RELATED TO POST SURGICAL COMPLICATIONS?

P. RANZ ORTEGA1, R. VÁZQUEZ-SÁNCHEZ1, M.E. MARTÍNEZ-NÚÑEZ1, T. MOLINA-GARCÍA1.
1HOSPITAL UNIVERSITARIO DE GETAFE, PHARMACY, MADRID, SPAIN.

OBJECTIVES

The optimal perioperative management of inmunosuppressant therapy may present an opportunity to mitigate post-surgery infection risk versus disease flare risk if the medication is withheld. The objetives were:

a) to evaluate the **accuracy between the real practice in perioperative management** of patients with rheumatic diseases and the guideline recommendations.

b) to assess **post-surgery complications** and identify associated **risk factors.**

MATERIALS and METHODS

Retrospective, observational study.

Incussion criteria were: adult patients with rheumatoid arthritis (RA), spondyloarthritis (SpA) and psoriatic arthritis (PsA) in treatment with biologic agents while undergoing surgery between jan-2017 and aug-2018.

Data collected:

-Diagnosis, anthirreumatic treatment (biologic agent, disease-modifying antirheumatic drugs (DMARDs) and glucocorticoids) and doses.

-Continuation/interruption of DMARDs and biologic agent, time of reintroducing them and glucocorticoid adjustment dose during surgery.

-Post-surgery complications: infections and disease flares.

Descriptive statistics and binary logistic regression were performed with SPSS 20.0.

RESULTS

47 patients were included: 63,8% RA, 19,1% SpA and 17,1% PsA. Anti-TNFα agents were used in 76,5% ,from which 14% of patients were required intensified dose. DMARDs were combined with biologic therapy in 63,8% while glucocorticoids were used in 44,7%.

During perioperatory time and according to guideline, a total of 93,3% continued with DMARDs and 95,2% with glucocorticoids when the daily dose of prednisone or equivalent was <20 mg. Nevertheless, 14,8% interrupted the biologic agent, from which 42,8% of the surgeries were scheduled at the end of the biological therapy cycle and no patient was properly reintroduced to biologic agent after 14 days from surgery.

Post-surgery infection complications appeared in 8,5% and nobody had disease flare during post-operatory.

No association between infection complications and perioperative mismanagement of biologic agents *(p: 0.359*), neither with biologic therapy intensified dose *(p: 0.379*).

CONCLUSIONS

- **Perioperative management** of biologic therapy in real practice is **not according to guidelines**, while with DMARDS and glucocorticoids was appropiate.
- We have **not found risk factors** associated with **post-surgical complications** in rheumatic diseases.
- Perioperative management could be **a new challenge** in pharmaceutical care of biologic therapies.

Conflict of interest: nothing to disclose

Email: pilar.ranz@salud.madrid.org

http://www.eahp.eu/24-4CPS-159