CP-155

Use and safety profile of oral medication before second-line in RELAPSING-REMITTING MULTIPLE SCLEROSIS

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#1 Background & Purpose

Multiple sclerosis is a chronic, demyelinating central nervous system. Recently approved oral drugs for relapsing-remitting multiple sclerosis (RRMS).

Our objective: analyze the use and safety profile of dimethylfumarate (DMF) and teriflunomide (TRF) in RRMS

#2 Materials and Methods

A descriptive retrospective observational study of patients treated with DMF or TRF from January to 15 October 2015
Variables: average age, sex, previous treatment, reason for change treatment to oral treatment, average duration of treatment with DMF/TRF. In patients with previous therapies, the reason for the switching was stratified: a) safety, caused by adverse effects (AE) to interferon beta (INFβ)/glatiramer acetate (GA) b) efficacy, relapse within 6 months prior to the beginning DMF/TRF.
-Analysis of the safety profile: % of patients with one or more AE associated with DMF/TRF

27 (18.1%) patients of 149 treated for MS in our outpatients pharmaceutical care unit, initiated oral medication. 9 excluded for lack of safety data. Overall, four patients had no prior treatment, the rest: 41.1% INFβ-1a, 21% INFβ-1b, GA 15.8%. The switch to TRF / DMF occurred in 63% for safety reasons.

TERIFLUNOMIDE

40.7 ± 8.9 year.
85.7% women.
Three patients without previous treatment, the remaining 38.5% INFβ1a, INFβ-1b 27.3%, 18.2% GA.
Switching to TRF for safety reasons in 90.9%. 23.5 ± 9.2 weeks with TRF. 36.4% (4/11) patients with an AE, the most frequent diarrhea (27.3%).

DIMETHYLFUMARATE

34.3 ± 9.8 years.
75% women.
Two patients not treated, the rest were treated previously: 42.9% INFβ-1a, INFβ-1b 14.3%, 14.3% GA
66.7% of the changes in DMF for safety reasons.
Average duration 23.8 ± 2.7 weeks.
57.1% (4/7) with an EA, the most common gastrointestinal disorders (57.1%), two patients required dose reduction.

#3

High percentage of patients had received prior parenteral treatment, in fact, adverse reactions were the most frequent reason of change to TRF/DMF.

According to our study, older patients started treatment with oral TRF with a better safety profile compared with the lowest proportion of young patients who initiated with DMF.

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