

### 1.30 Real world experience of adrenal insufficiency in patients receiving anti-IL-5 biologic therapy

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**Background:** Anti-interleukin (IL)-5 biologics are effective in the treatment of uncontrolled eosinophilic asthma, EGPA, or HES resulting in recurrent or chronic oral corticosteroid (OCS) treatment (1). For OCS-dependent patients, their ability to discontinue OCS post-initiation of biologics can be complicated by glucocorticoid-induced adrenal insufficiency (AI) (2), the risk of which increases with higher doses and longer OCS treatment durations (3). **Methods:** We completed a retrospective chart review of 54 patients with severe asthma, EGPA, or HES who received an anti-IL5/-IL5R between 2019 and 2022 to assess: 1) the burden of chronic OCS use; and 2) the prevalence of AI using the short synacthen test (SST). **Results:** 54 patients were identified, 44 (81%) of whom were OCS-dependent prior to anti-IL5/-IL5R commencement. 22 (50%) successfully discontinued, while 15 (27%) achieved a reduction in their maintenance OCS dose. 26 (48%) were investigated for AI via SST, with 20 (77%) achieving a peak serum cortisol rise of <450nmol/L, indicative of AI. 6 of these 20 (30%) have subsequently successfully discontinued OCS, while the remaining 14 (70%) remain OCS-dependent. **Conclusions:** AI is prevalent among this patient population, with the rate of AI in keeping with rates seen in similar studies from other European centers (4). Identification is critical to avoid adrenal crises.

**Keywords:** Asthma, EGPA, Hypereosinophilic syndrome, oral corticosteroids, adrenal insufficiency, anti-IL5/-IL5R monoclonal antibodies **Conflict of Interest:** The authors declare that they have no conflict of interest.

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