L04 Immunosuppressive agents

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ADALIMUMAB CONCENTRATIONS PRIOR TO THE IMPLEMENTATION OF THERAPEUTIC DRUG MONITORING IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE

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Background and importance

Adalimumab (ADA), an anti-TNF agent, has been shown to induce and maintain remission in patients with inflammatory bowel disease (IBD).

The usual recommended dose in maintenance is 40mg every 14 days.

The formation of anti-adalimumab antibodies (AAA) reduces plasma ADA serum concentrations (ADAsc), as well as its efficacy.

Aim and objetives

As a main objective, to analize ADAsc and the presence of AAA in patients with IBD prior to the implementation of dose optimization through therapeutic drug monitoring (TDM)

To evaluate changes in the posology

To characterize IBD's symptoms

Material and Methods

Observational retrospective study

Inclusion of patients with Crohn's disease (CD) or ulcerative colitis (UC) from July 2016 to April 2019 before applying TDM in a tertiary referral center.

Therapeutic range (TR) of ADA: 8-12 mcg/ml.

Biodemographic, analytical and clinical data were collected from the clinical history.

Results

165 patients (53% women)

132 (80.0%) CD

33 (20.0%) UC

Mean age: 40.0 (SD: 12.4) years

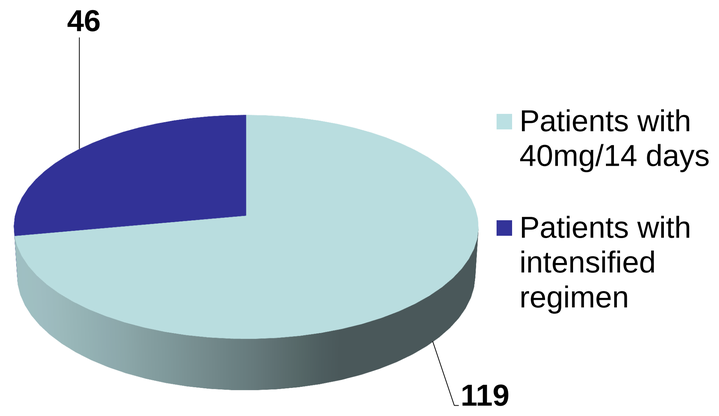
Average concentrations of ADA → **7.24 (SD:3.6) mcg/ml**

Patients with ADAsc outside the TR of total patients → **82 (49.7%)**

Presence of AAA → **16 (9.7%) patients**

Patients with ADAsc outside the TR with AAA → **15 (93.7%)**

Type of regimen at the beginning of the study



During the study, **regimen intensification** was conducted in 34 (20.6%) of the patients.

Patients that presented abdominal symptoms and/or systemic manifestations. → **35 (42.7%)**

Conclusions

- ✓ADAsc outside the TR were observed in half of the patients
- ✓Approximately AAA were detected in 1 of every 10 patients, and consequently, 93.7% of them presented ADAsc outside the TR.
- ✓Presented symptoms 42.7% of patients with ADAsc outside the TR.
- ✓The implementation of a therapeutic drug monitoring (TDM) strategy may be a useful tool for managing patients with inflammatory bowel disease on biologic therapy to reduce the number of patients with ADAsc outside the TR and its consequences.