CLINICAL IMPACT OF PHARMACOKINETIC MONITORING OF INFLIXIMAB AND ADALIMUMAB IN INFLAMMATORY BOWEL DISEASE

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Background and importance:

Failure of biologic therapy (anti-tumour necrosis factor (TNF) drugs) is a common problem. Pharmacokinetic monitoring can contribute to early identification of therapeutic failure and thus optimise treatment by keeping drug concentrations within the therapeutic interval (TI).

Aim and objectives:

To assess the acceptability of pharmacokinetic recommendations for adalimumab (ADA) and infliximab (IFX) in clinical practice in patients with inflammatory bowel disease (IBD).

Materials and methods:

Study design:

Observational, retrospective, 4-month study (June 2023-September 2023)

Inclusion criteria:

Patients who were requested for ADA or IFX plasma levels

Study variables:

Sex, age, type of pathology (Crohn's disease (CD) or Ulcerative Colitis (UC)), anti-TNF regimen, concomitant immunomodulators, type of recommendation (maintenance of regimen, optimisation, intensification) and acceptance of recommendations.

Data were collected through the electronic health record, Mambrino XXI® and MwPharm++ pharmacokinetic monitoring software

Results:

Patients	**72**
Sex (male)	**65%**
Median age (years)	**47 (16-77)**
CD	**75%**
UC	**25%**

INFLIXIMAB **19 patients**

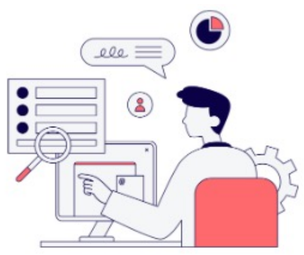
ADALIMUMAB **53 patients**

Within the TI: 60%

Monitoring tests: 78

Subtherapeutic: 21%

Supratherapeutic: 19%



PHARMACOKINETIC RECOMMENDATIONS CONDUCTED

- **Maintenance of regimen (73%)**
- **Intensification (17%)**
- **Optimisation (10%)**

94% of recommendations were accepted

Conclusions and relevance:

- **The degree of acceptance of pharmacokinetic recommendations was high (94%).**
- **Pharmacokinetic monitoring is an important element of support in clinical decision making.**
- **The hospital pharmacist contributes to the optimisation of these treatments, helping to ensure that the appropriate adjustment is made for a better response.**

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