4CPS-014 - Comparative Evaluation of Infliximab and Adalimumab in Moderate-to-Severe Inflammatory Bowel Disease: Quality of Life Outcomes and the Role of Treatment Adherence

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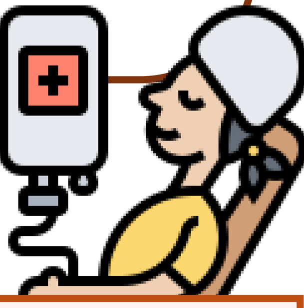


INTRODUCTION AND OBJETIVES

Inflammatory Bowel Disease (IBD), which **encompasses ulcerative colitis and Crohn's disease**, is a chronic disorder of the gastrointestinal tract with multifactorial etiology. Its impact significantly compromises patients' quality of life, affecting physical, psychological, and social domains. Among the available therapeutic options, anti-TNFα monoclonal antibodies such as infliximab (IFX) and adalimumab (ADA) are widely used in moderate-to-severe IBD.

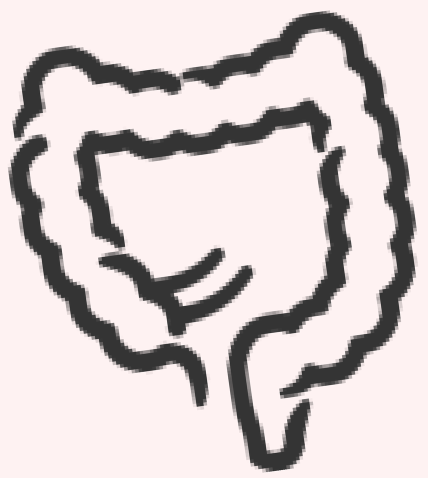
- The primary objective of this study was to **assess quality of life** in patients receiving intravenous IFX or subcutaneous ADA.
- Secondary objectives included comparing **quality of life between both therapies and evaluating treatment adherence.**

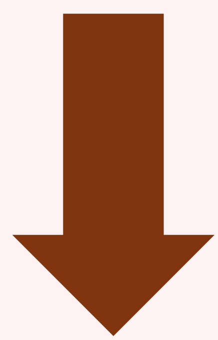
MATERIAL AND METHODS

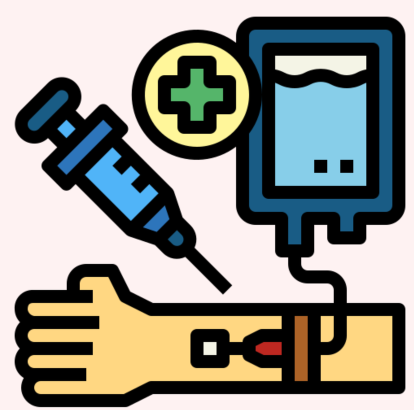
We conducted a **single-center, prospective, observational** study between April and June 2025. Adult patients with a confirmed diagnosis of moderate-to-severe IBD treated with IFX or ADA for at least one year were included. Exclusion criteria comprised severe comorbidities, cognitive impairment, or inability to complete questionnaires.

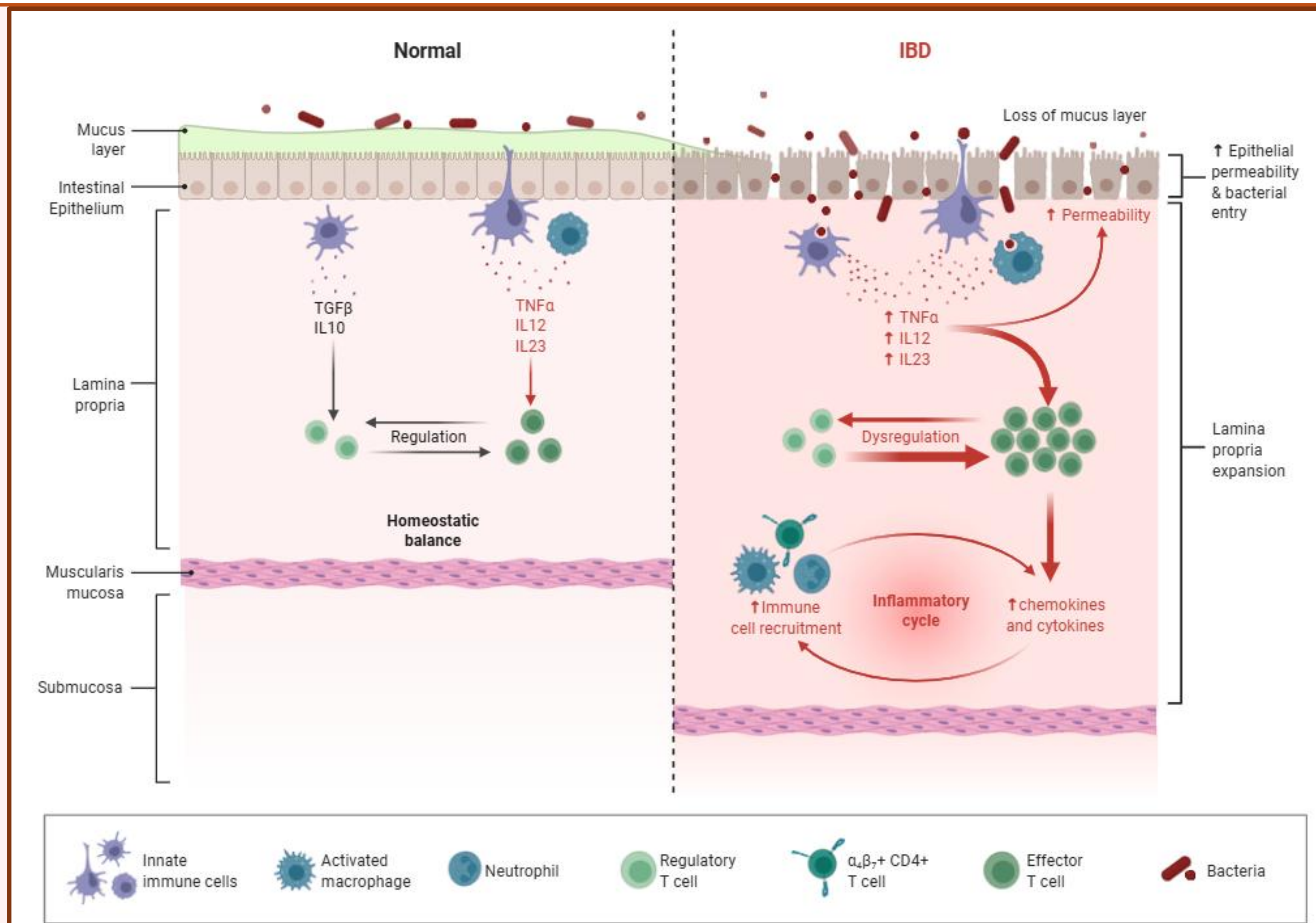
Quality of life was assessed using the validated **IBDQ-9,** while adherence was measured through the **Morisky 4**-item scale for ADA and infusion attendance for IFX. **The study was approved by the Institutional Research Ethics Committee**, and all participants provided informed consent. Statistical analysis included measures of central tendency and dispersion for quantitative. Independent samples t-test was used for mean comparisons, with significance set at $p<0.05$.

RESULTS









A total of **70 patients were included**: 36/70 (51.4%) treated with IFX and 34/70 (48.5%) with ADA. The mean age was 50.9 years (SD=13.4), with Crohn's disease predominating (78.6%). Overall IBDQ-9 scores indicated good quality of life (69.5%, SD=22.1%). No significant differences were observed between therapies (p=0.92), although IFX showed a higher proportion of patients with very good quality of life. Adherence was 100% in IFX versus 85.3% in ADA. Notably, **non-adherent ADA** patients reported nearly 30% lower quality of life compared to adherent patients.

CONCLUSIONS

Patients with IBD treated with IFX or ADA demonstrated **overall good quality of life**, with **no significant differences between therapies**. However, treatment adherence emerged as a key determinant, particularly in patients receiving ADA.

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