DRUG SURVIVAL OF BIOLOGIC THERAPIES FOR THE TREATMENT OF PSORIASIS

G. Cardona¹, A. Morales¹, A. Díaz¹, M. Carrascosa², C. Ferrandiz², F. Guomundsdottir¹, M. Alvarez¹, X. Bonafont¹. ¹Hospital Germans Trias i Pujol, Pharmacy, Badalona, Spain. ²Hospital Germans Trias i Pujol, Dermatology, Badalona, Spain. Hospital

OBJECTIVES

To determine the drug survival of adalimumab (ADA), etanercept (ETN) and ustekinumab (UST) in patients with moderate to severe psoriasis and to elucidate covariates that influence drug survival.

METHODS AND STUDY DESIGN

A retrospective observational study was conducted. Data were obtained from clinical records of 122 patients treated with biologic agents for psoriasis between 2007 and 2016 at University Hospital Germans Trias i Pujol. Drug survival was analysed using Kaplan-Meier plots and Cox regression analysis was used to estimate the influence of covariates





172 treatments	83 discontinuations
Main reason for discontinuation	Ineffectiveness
Mean drug survival	32.7 months

Picture 1: Estimated 1, 2, 3-year drug survival rates.

Significant negative predictors of drug survival	BMI > 35 kg/m2 Previous failure of biologic treatment
Gender considerations	Female strongly associated with discontinuation due to adverse effects

DISCUSSION AND CONCLUSIONS

Ustekinumab was the drug with the best probability of survival. However, there were not significant differences compared with adalimumab. Etanercept had a significantly worse probability of drug survival compared to both ustekinumab and adalimumab. Covariates that may affect negatively the drug survival are BMI > 35kg/m2 and previous failure of biologic treatment.

23rd Congress of European Association of Hospital Pharmacists (EAHP). Gothenburg (Sweden) 21-23 of march 2018

