

INDIVIDUALISING THERAPIES THROUGH PHARMACOKINETICS:

ADALIMUMAB FOR INFLAMMATORY BOWEL DISEASE

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Background and Importance

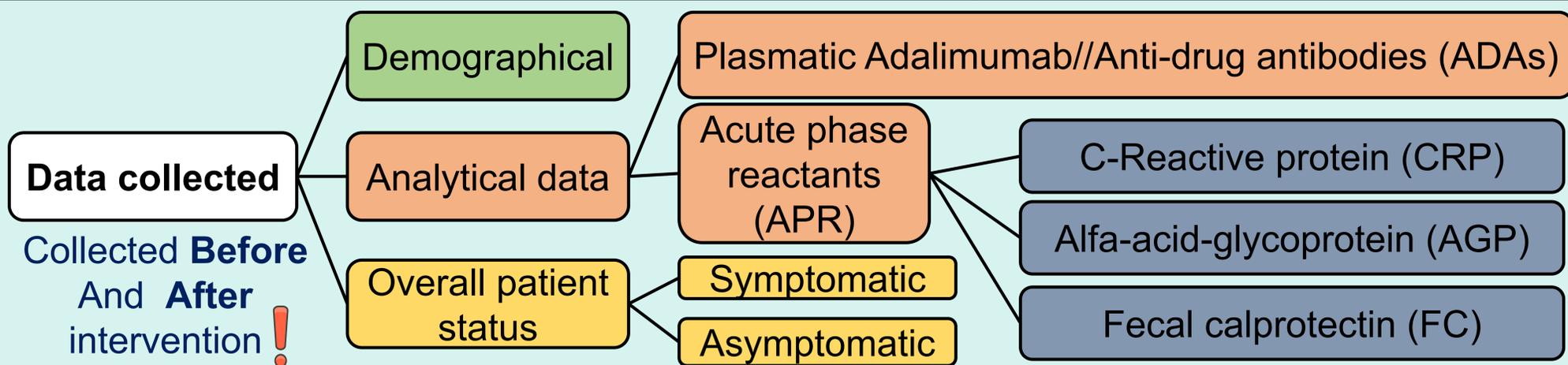
Biologic drugs are extensively used for inflammatory bowel disease (IBD) treatment, pharmacokinetics are necessary to reach an optimal IBD control

Aim and Objectives

To analyze the clinical impact of Adalimumab adjustment through pharmacokinetics in IBD control

MATERIALS AND METHODS

DESING	STUDY DURATION	PARTICIPANTS
Longitudinal prospective study	One year	IBD patients treated with Adalimumab



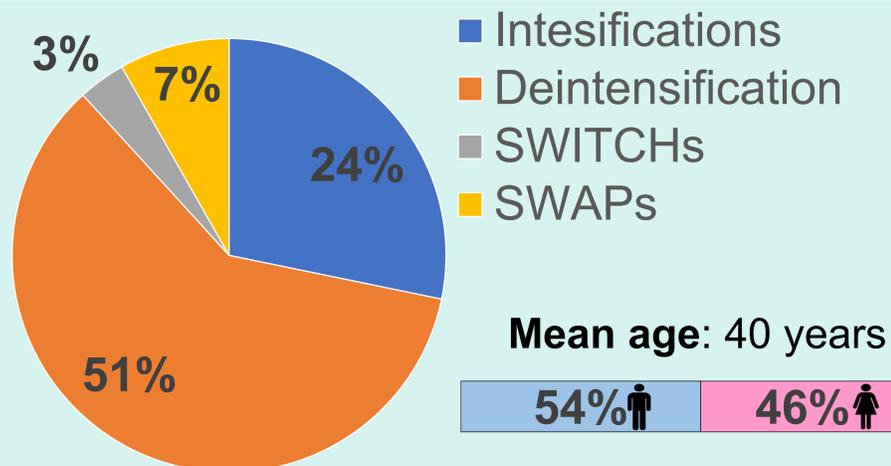
PROPOSED INTERVENTIONS

INTENSIFICATION	Increasing dose or decreasing administration time
DEINTENSIFICATION	Decreasing administration time
SWITCH	Drug change with same therapeutic target
SWAP	Drug change with different therapeutic target

! One intervention per patient.
! SWITCHs // SWAPs were excluded in statistical analysis.

RESULTS

🔍 84 patients analyzed	Symptomatic patients	
✅ 41 interventions carried	Before intervention	19 (46%)
Only patients with interventions were analyzed	After intervention	4 (10%)



Analytic parameters	Mean±Standard deviation	P-value
Adalimumab before (µg/ml)	11,52(±6,46)	0,009*
Adalimumab after (µg/ml)	8,98(±1,883)	
ADAs before (µg/ml)	0,11(±0,05)	0,434
ADAs after (µg/ml)	0,12(±0,08)	
CPR before (mg/dL)	0,52(±0,60)	0,859
CPR after (mg/dL)	0,50(±0,52)	
AGP before (mg/dL)	86,84(±41,3)	0,129
AGP after (mg/dL)	78,35(±21,94)	
Calprotectin before (µg/g)	387,45(±618,57)	0,009*
Calprotectin after (µg/g)	103,77(±173,21)	

CONCLUSIONS

- ✓ APR improved after interventions.
- ✓ FC showed a significative p-value.
- ✓ Monitoring along with patient clinical status is crucial to optimize IBD control.
- ✓ Monitoring reduces potential adverse effects and saves money.