



Optimizing Infliximab treatment in inflammatory bowel disease

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Background:

Infliximab (INF) is a chimeric immunoglobulin antibody to tumor necrosis factor (A-TNF) approved for the treatment of Crohn disease and ulcerative colitis.

Guidelines recommend a 5mg/kg dose given as induction regimen in weeks 0, 2 and 6, followed by maintenance regimen of 5mg/kg every 8 weeks. However, a significant rate of patients with an initial response, later experience the return of the active disease despite ongoing IFX maintenance therapy. International guidelines suggest intensifying the IFX regimen in the case treatment fails: by increasing dose to 10 mg/kg, or decreasing the interval 5mg/kg every 6 weeks.

Purpose:

To analyze the different intensification strategies used in a tertiary university hospital, and their results.

Study Design:



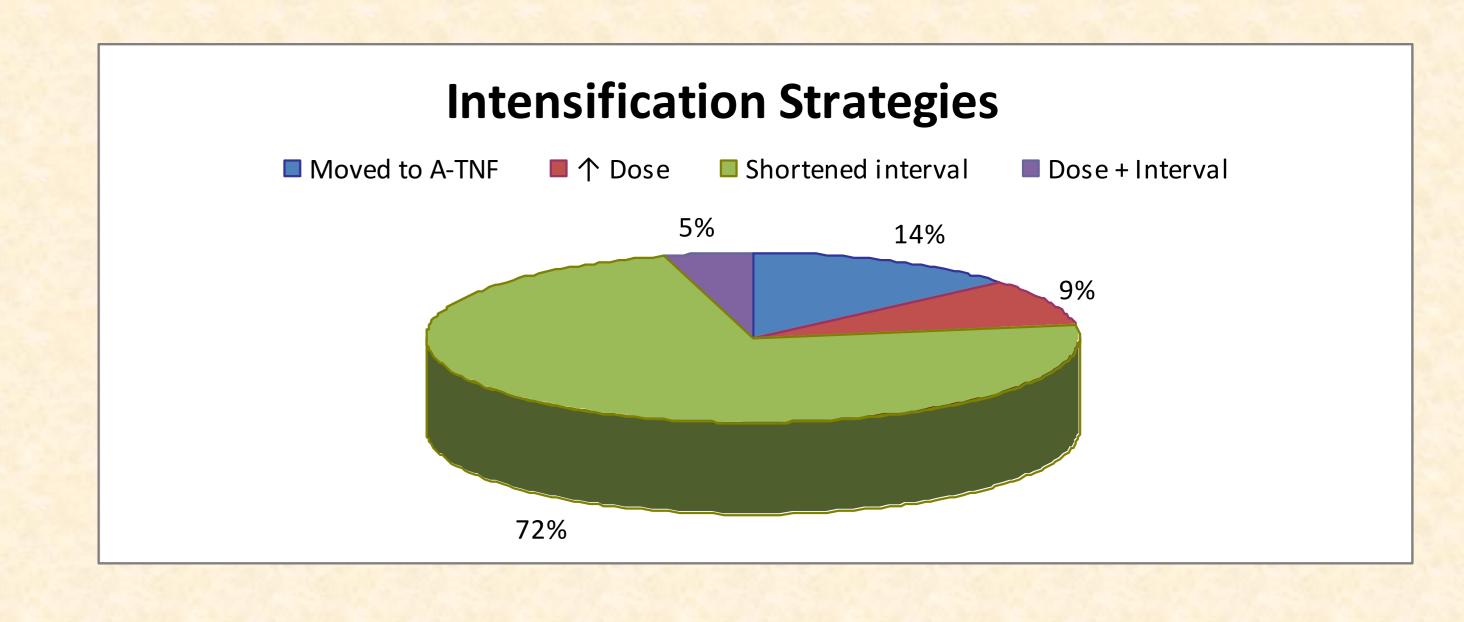
Single center, retrospective, observational study. Information was obtained from both Farmatools application and clinical histories.

Results:

Out of 55 patients enrolled: 60% (33) were responders, 3% (5) were no responders, 25% (15) loss of response, and (1%)2 didn't tolerate INF.

The treatment of the 22 patients who didn't respond satisfactory were modified: 73%(16) were shortened the interval, 9% (2) stepped-up to 10 mg and 5% (1) were shortened the interval and step-up to 10 mg. And the other 14%(3) was moved to other A-TNF.

In our study, to shorten the interval was effective in 52% of cases (9/16), to step-up to 10 mg in 100% (2/2), and the combination of two strategies in 100%(1/1).



Conclusions:

INF induces remission in most of the patients following the usual maintenance regimen.

In our Hospital the favorite intensification strategy is to shorten the interval. The use of other A-TNF is reserved to hypersensitivity reactions or to failure to the previous intensification.

Both strategies of intensification are effective, though more information is required to choose the best strategy.