PERSISTENCE OF FIRST-LINE BIOLOGICAL THERAPY IN PATIENTS WITH CROHN'S DISEASE

A. Corderi Sierra[1], J. Delgado Rodríguez[1], M. Bitlloch Obiols[1], B. Garcia Javier[1], A. Sánchez Ulayar[1], L. Pérez Cordón[1], R. Merino Mendez[1], V. Aguilera Jiménez[1], D. López Faixó[1], L. Campins Bernadàs[1], T. Guerra Roig[1].

[1]Hospital de Mataró, Departament of Pharmacy, Mataró, Spain

4CPS-136 ATC code: 4. Historical research

BACKGROUND AND IMPORTANCE

Treatment of patients with moderate-severe corticosteroid-dependent or corticosteroid-refractory Crohn's disease (CD) consist of biologically synthesized monoclonal antibodies. Due to the limited number of available drugs, optimal treatment monitoring is important to increase drug persistence and to maintain clinical remission.

AIM AND OBJECTIVES

To describe the prescribed biological drugs in patients with CD and to compare the persistence of these treatments in first-line in comparison with subsequent therapies.

MATERIAL AND METHODS

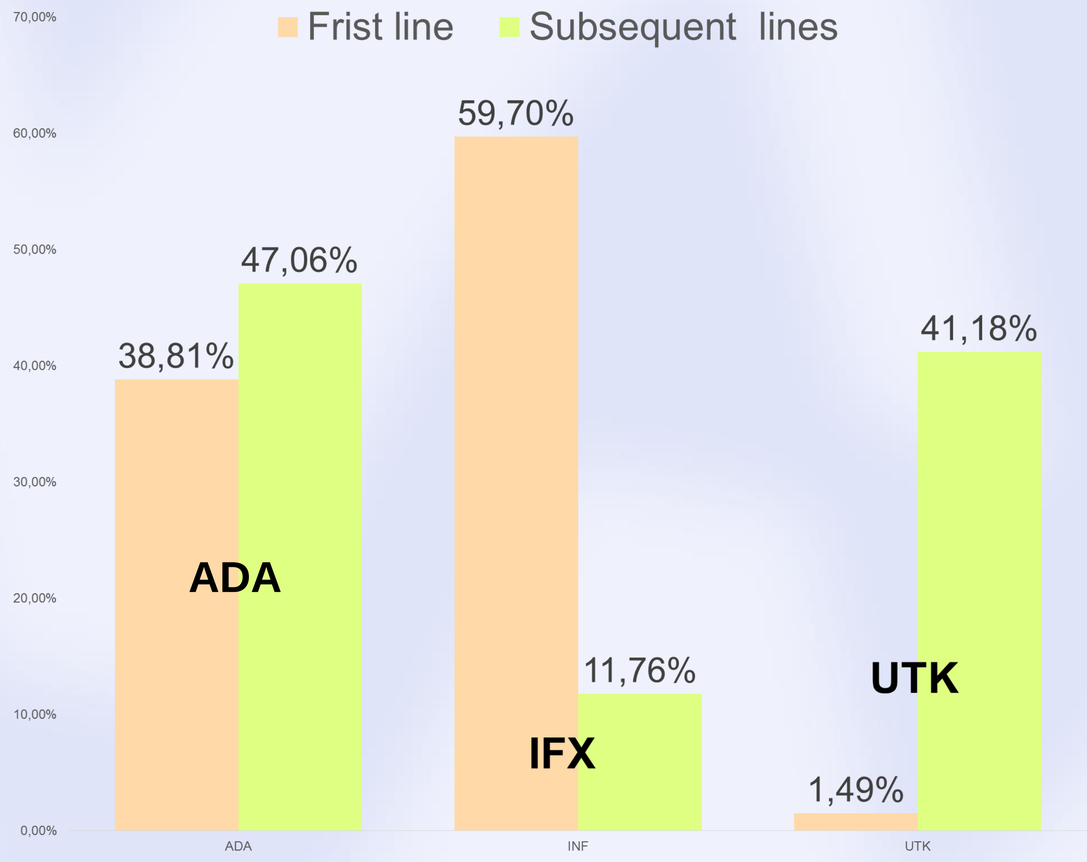
A descriptive, observational, cross-sectional study was conducted in May 2021. All patients with CD and biological therapy were included. Data were obtained from the hospital information system. The following data were recorded: age, sex, prescribed biological drug, months since the treatment was started, dose and frequency, previous biological treatments and concomitant immunosuppressive therapy. Values are expressed as percentages and means (range).

RESULTS

A sample of 84 patients was obtained. The mean age was 48 years (19-88) and 43 (51.19%) were men.

Sixty-seven (79.76%) patients were on first-line treatment, 26 (38.81%) were prescribed adalimumab (ADA), 40 (59.70%) infliximab (IFX) and 1 (1.49%) ustekinumab (UTK). Seventeen (20.24%) patients were on subsequent lines of treatment, 8 (47.06%) were prescribed ADA, 2 (11.76%) IFX and 7 (41.18%) UTK.

Forty-three (64.18%) patients who were on first-line treatment and 9 (52.94%) on subsequent lines of treatment were receiving concomitant immunosuppressive therapy.



The mean duration of treatment in first-line was 67 months (0-167) and in subsequent lines of treatment was 31 months (4-97).

Sixteen (23.88%) patients who were on first-line treatment and 9 (52.94%) on subsequent lines of treatment received the drug at a higher dose or frequency than the indicated in the technical data sheet (intensified treatment).

CONCLUSIONS AND RELEVANCE

IFX was the most used monoclonal antibody in first-line, followed by ADA. However, ADA was the most prescribed in subsequent lines of therapies, followed by UTK.

In our study, first-line treatments maintained longer clinical persistence. However more clinical data are needed to conclude that first-line treatments are most effective.

Subsequent therapies were less persistent despite being intensified in a greater number of patients.

HOSPITAL DE MATARÓ
acorderi@csdm.cat

eahp european association of hospital pharmacists

CONSORCI SANITARI DEL MARESME