4CPS-066 - THERAPEUTIC DRUG MONITORING OF anti-TNF THERAPY IN INFLAMMATORY BOWEL DISEASE

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BACKGROUND AND IMPORTANCE

Anti-TNF drugs are often considered the primary treatment for most patients with inflammatory bowel disease. However, there is a significant interindividual variability in the therapeutic response. Given that there is a strong correlation between anti-TNF drug levels and its efficacy, pharmacokinetic monitoring of plasma levels has become a useful strategy to optimize the treatments. .

AIM AND OBJECTIVE

To analyze the **percentage of pharmacokinetic recommendations accepted by the physician** to optimize anti-TNF treatment in patients with inflammatory bowel disease..

MATERIALS AND METHODS

Prospective, observational study, which included patients with inflammatory bowel disease treated with adalimumab and infliximab in the preceding 6 months.

VARIABLES

Demographic: Sex, Age

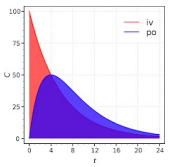
Diagnosis: Crohn's disease or ulcerative colitis

Treatment: adalimumab or infliximab

Type of recommendation: dose intensification, interval intensification or both, regimen maintenance, treatment change, treatment de-intensification or suspension

DETERMINATION: rapid determination system (RIDA®Quick System)

INTERPRETATION: application based on analysis by Bayesian methods. (PKS® Abbott).



RESULTS

N= 28

14 (50%)

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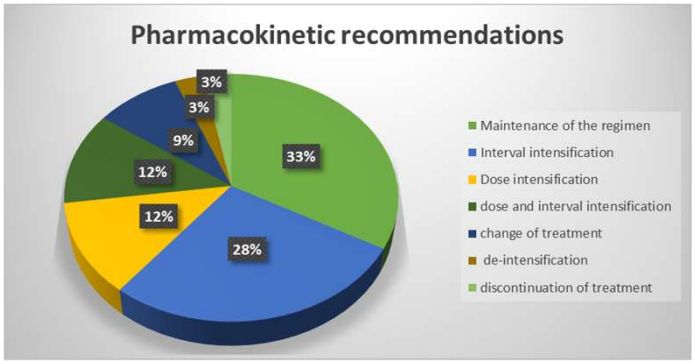
Ulcerative colitis 56,6%

Mean age: 40

Crohn's Disease 46,4%

33 Pharmacokinetic recommendations

Acceptance: 84,8%



CONCLUSION AND RELEVANCE

The degree of acceptance of the pharmacokinetic recommendations was high. It remains to be determined in the long term whether this type of intervention will yield a positive clinical impact, potentially enhancing treatment persistence.

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