4CPS-141

L04 - Immunosuppressive agents

USE OF ADALIMUMAB IN PATIENTS WITH HIDRADENITIS SUPPURATIVA

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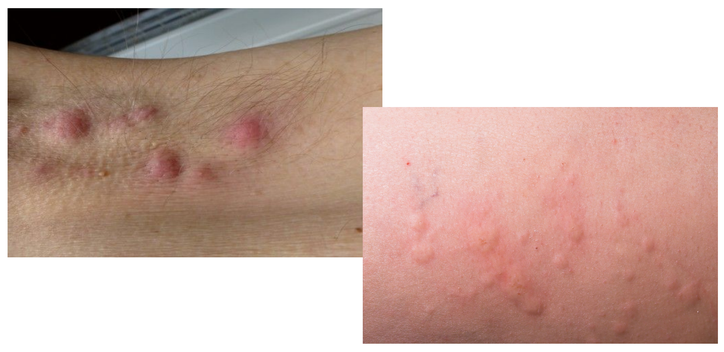
BACKGROUND:

Hidradenitis suppurativa (HS) is a chronic suppurative condition featuring inflammatory nodules, fistulas and scars. Its prevalence is estimated at 1% in Western Europe. Adalimumab (Humira®) was approved in June 2015 as the first TNF blocker indicated for adults with active moderate to severe HS refractory to conventional treatment.



PURPOSE:

To evaluate the use of adalimumab in HS in a tertiary hospital.

MATERIAL AND METHODS:

- Retrospective descriptive observational study.
- All patients undergoing adalimumab therapy since January 2012 until August 2017 were included.
- Variables: demographics, HS severity, date of initiation of adalimumab, initial doses, previous and concomitant therapies, adverse events and clinical evolution.

CONCLUSION

Therapeutic approach in HS is highly variable, maybe because of the multifaceted clinical features of HS and its unpredictable course.

The considerably long experience that clinicians have with adalimumab in other pathologies may explain the variability observed in the therapeutic scheme. Furthermore, adalimumab seems to be safe and well tolerated though the loss of response is quite alarming.

RESULTS

	ADALIMUMAB N = 24
DEMOGRAPHICS	
Women, n (%)	13 (54)
Median age, yr (IQR)	32 (25 – 45.5)
HS SEVERITY	
Moderate HS, n (%)	5 (20.8)
Severe HS, n (%)	15 (62.5)
Unclassifiable, n (%)	4 (16.7)
PREVIOUS TREATMENT	
Topical clindamycin, n (%)	19 (79.2)
Systemic antibiotics, n (%)	17 (70.8)
Oral retinoids, n (%)	15 (62.5)
CONCOMITANT THERAPY	
Intralesional triamcinolone, n (%)	9 (37.5)
THERAPY CHARACTERISTICS	
Off-label use, n (%)	5 (20.8)
Label use, n (%)	19 (79.2)
Loading dose, n (%)	10 (41.7)
Lower loading dose, n (%)	5 (20.8)
DISCONTINUATION REASONS	
Adverse events, n (%)	2 (8.3)
Lack/Loss of response, n (%)	5 (20.8)
Co-morbidities, n (%)	1 (4.2)

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