EFFECTIVENESS AND SAFETY OF BARICITINIB AND TOFACITINIB IN REUMATOID ARTHRITIS IN CLINICAL PRACTICE

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BACKGROUND AND IMPORTANCE

Baricitinib and tofacitinib are Janus kinase inhibitors indicated in rheumatoid arthritis (RA) with a demostrated effectiveness and safety in various clinical trials.

AIM AND OBJECTIVES

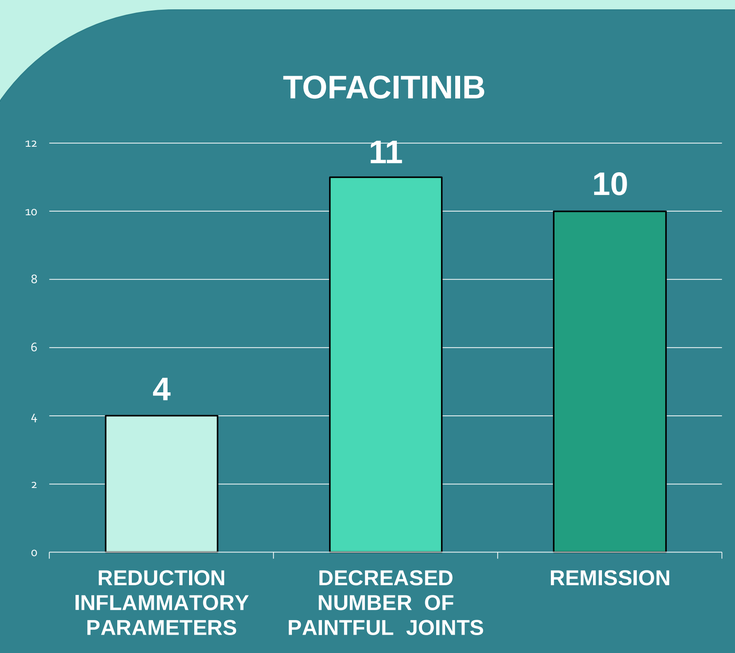
To evaluate the effectiveness and safety of baricitinib and tofacitinib in patients diagnosed with RA in clinical practice.

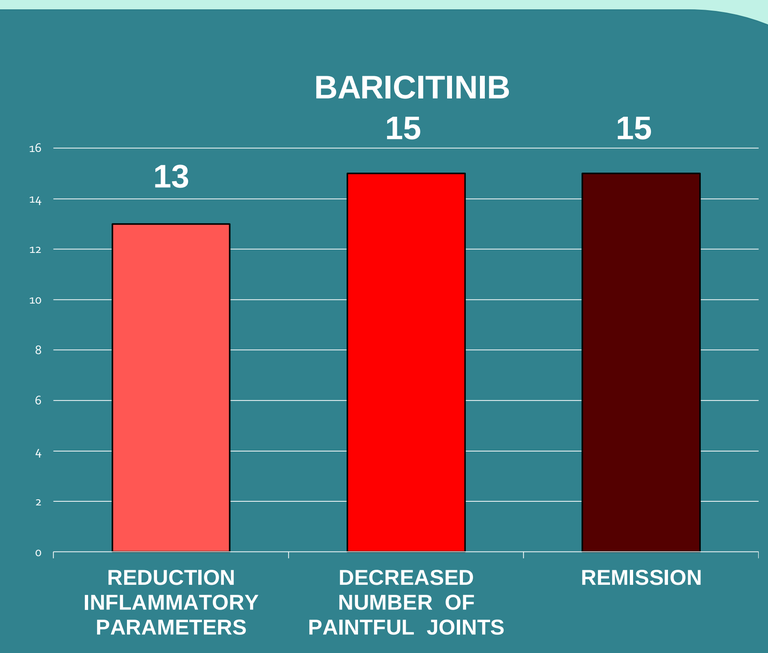
MATERIAL AND METHODS

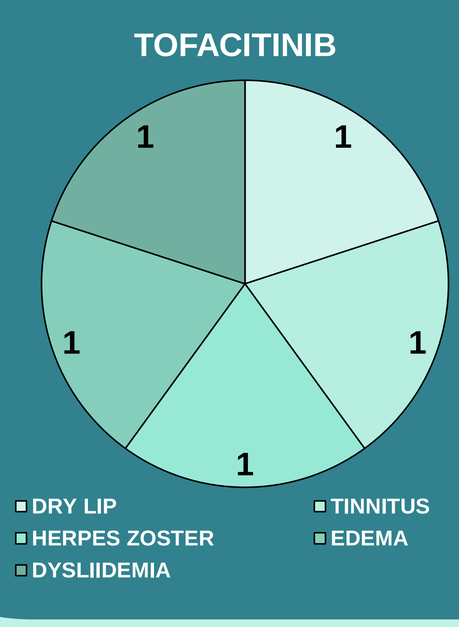
Retrospective descriptive study that included patients with RA treated with baricitinib or tofacitinib between September 2018 and September 2021. The data were obtained from the review of clinical and analytical histories in Diraya®. The variables collected were: age, sex, previous treatment, C-reactive protein (CRP), erythrocyte sedimentation rate (ESR) and follow-up time. To evaluate the effectiveness, the decrease in the value of the inflammatory parameters (ESR and CRP), the reduction in the number of painful joints, the remission of the disease, the dose reduction and the treatment changes were taken into account. Safety was determined based on the adverse reactions (ARs) described.

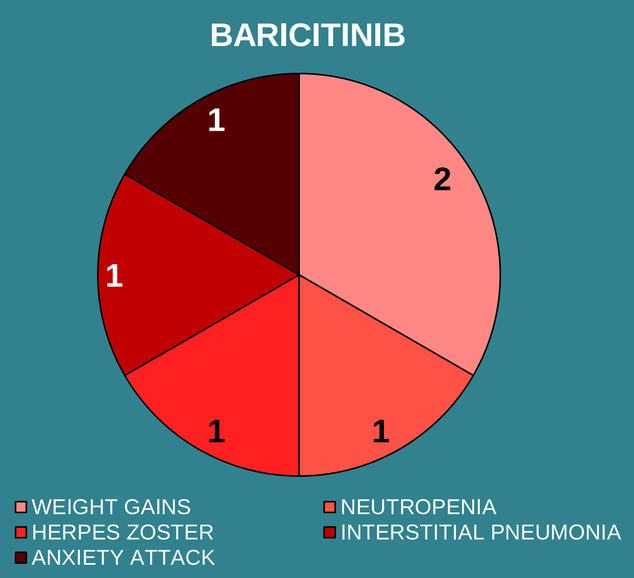
RESULTS

32 patients with a median age of 55 years were evaluated. 21 received treatment with baricitinib (15 women) and 11 with tofacitinib (10 women). The median treatment time was 18 months. The median of previous treatments in patients with baricitinib was 2 biologics and for patients with tofacitinib of 1 biological. In 13 patients with baricitinib and in 4 with tofacitinib there was a reduction in inflammatory parameters. Baricitinib decreased the number of painful joints in 15 patients and tofacitinib in 11. There was remission in 15 patients treated with baricitinib (of which 5 reduced doses) and in 10 with tofacitinib. 6 ARs related to the use of baricitinib (2 weight gains, 1 neutropenia, 1 herpes zoster, 1 interstitial pneumonia andº 1 anxiety attack that forced to change the treatment) and 5 with the use of tofacitinib (1 herpes zoster, 1 dry lip, 1 tinnitus, 1 edema and 1 dyslipidemia). Of the 21 patients with baricitinib, 4 changed treatment due to ineffectiveness (2 to tofacitinib and 2 to biologics) and of the 11 treated with tofacitinib, 2 switched to biologics and 1 suspended treatment due to cardiovascular risk.









CONCLUSION AND RELEVANCE

In our clinical experience, baricitinib and tofacitinib show to be effective in the treatment of RA, with a good safety profile.

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