

# REASONS FOR DISCONTINUATION OF SELECTIVE IMMUNOSUPPRESSIVE BIOLOGICAL TREATMENTS AGAINST PSORIASIS

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## Background and importance

Psoriasis is a chronic inflammatory skin disease. Pharmacological therapy in moderate-severe psoriasis requires systemic hospital-dispensed treatments (SHDT) whose objective is to improve the quality of life.

## Aim and objectives

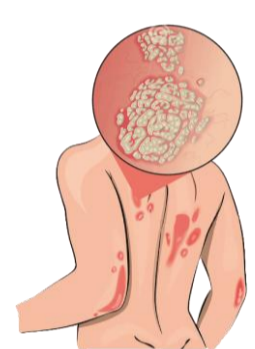
**1st** To determine the cause for discontinuity (CD) of SHDT against psoriasis

**2nd** To analyze the CD by drug

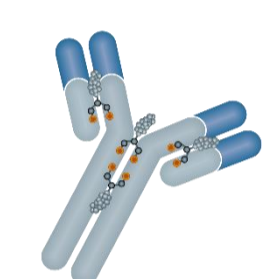
## Material and methods



Observational, descriptive and retrospective study



Patients diagnosed of psoriasis



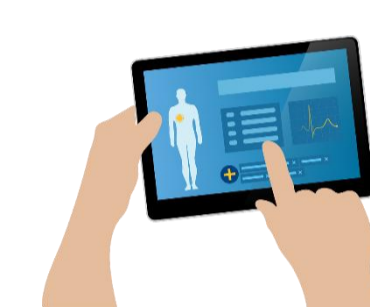
SHDT



Hospital U. Joan XXIII



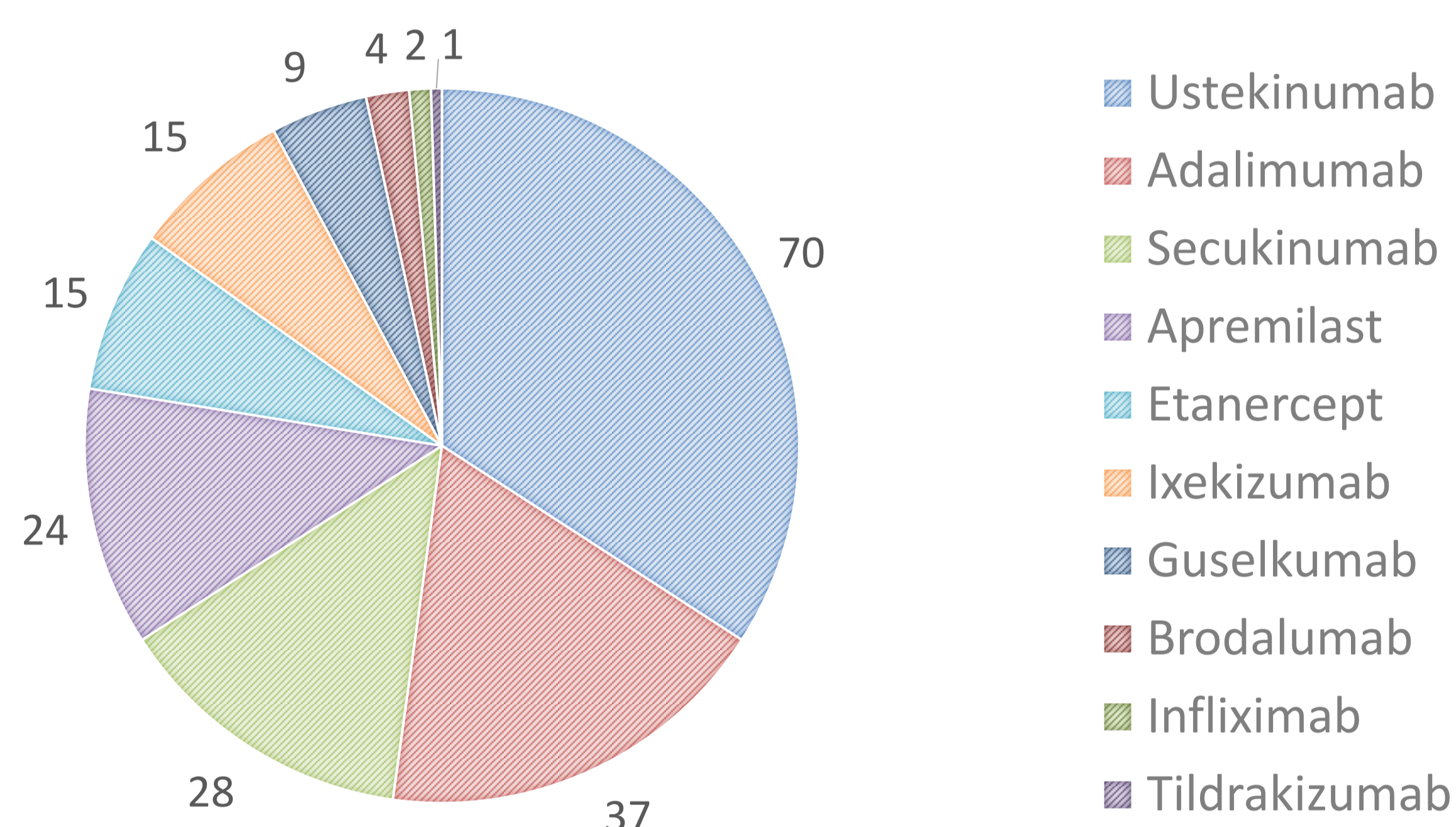
2016 to 2020



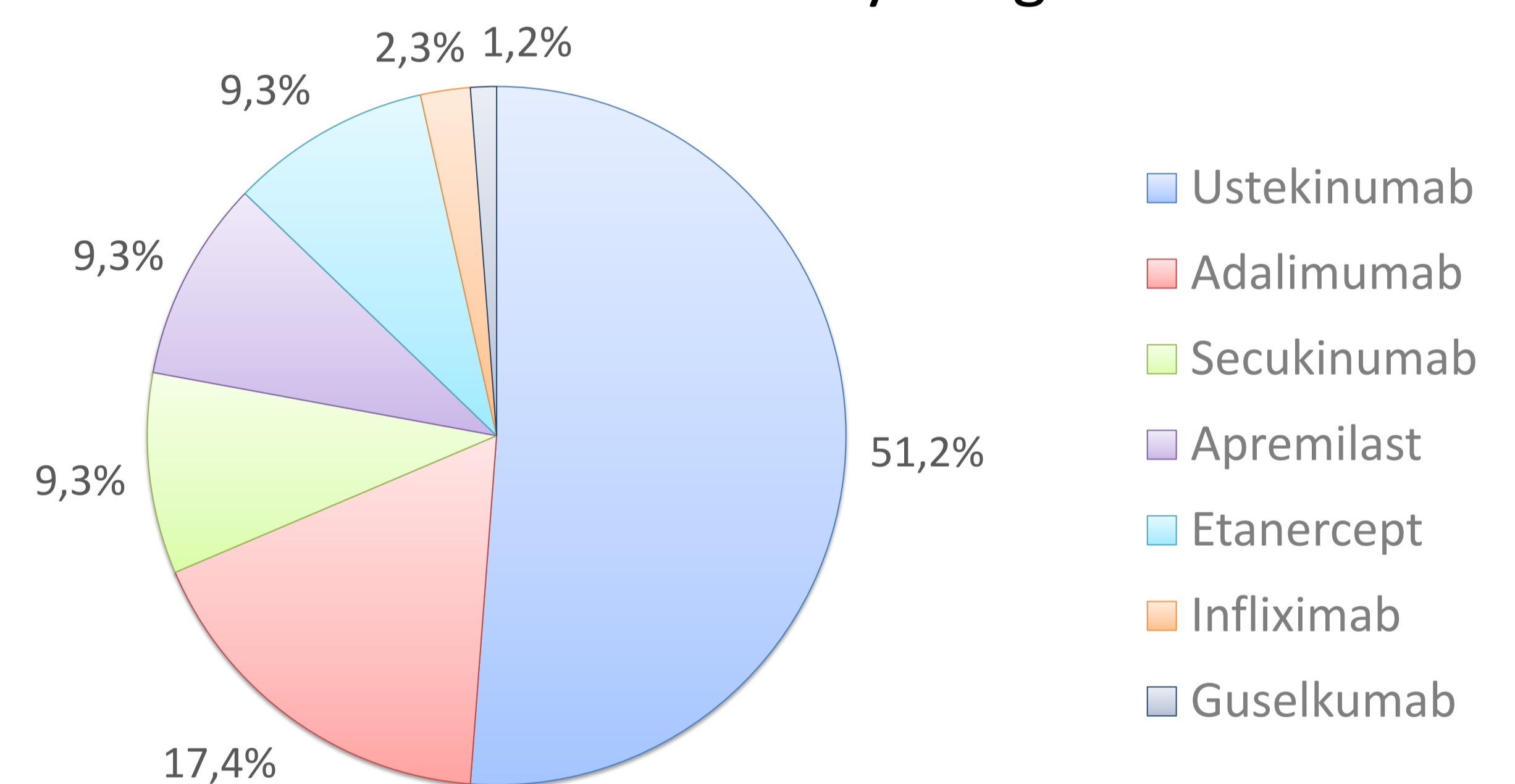
Data were collected from the medical records and prescription medications program

## Results

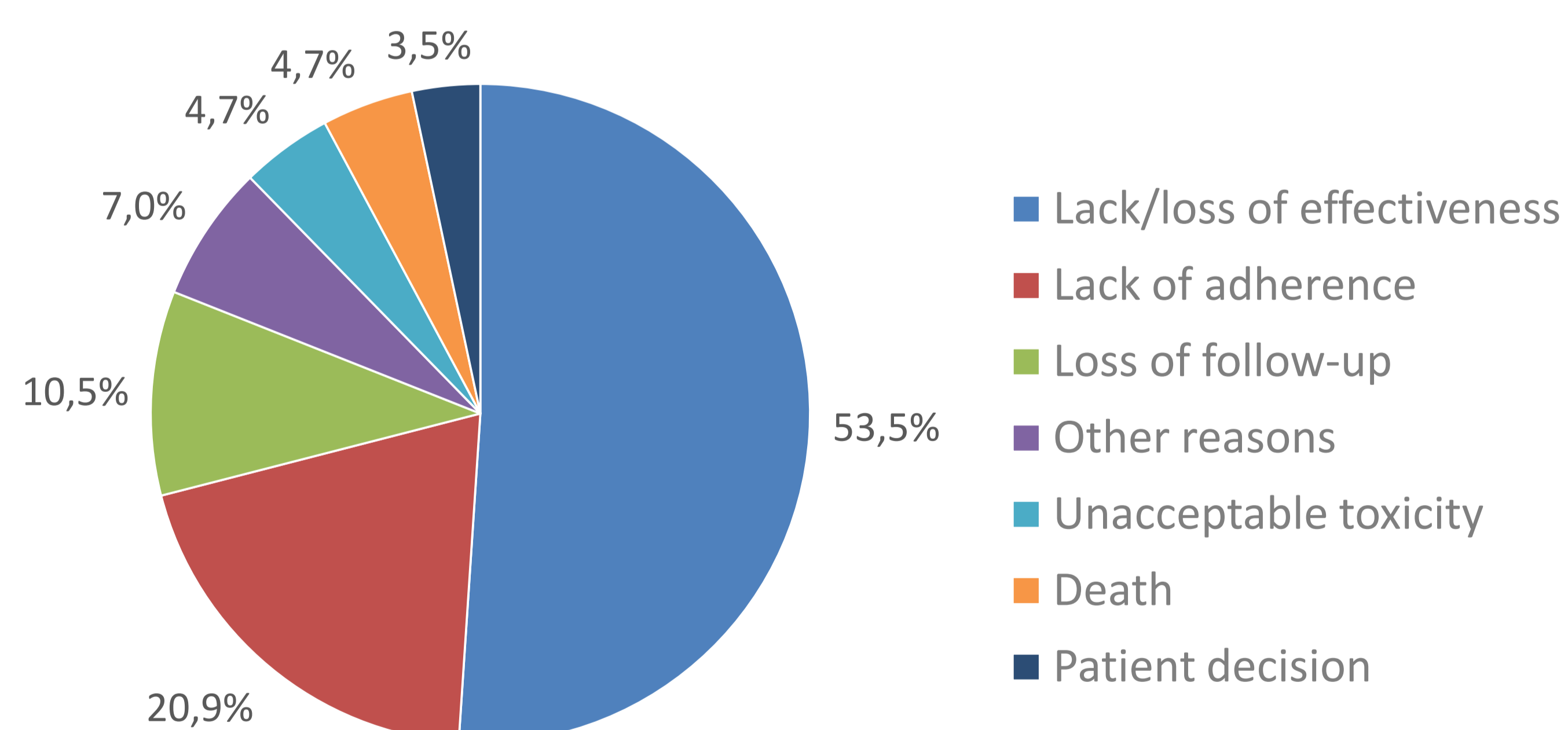
205 SHDT were reviewed



Discontinuations by drug



86 treatment discontinuations were described



Infliximab discontinued treatments were due to lack of adherence

100%

Losses to follow-up were detected in ustekinumab

Treatment discontinuities due to unacceptable toxicity were associated with apremilast

## Conclusion and relevance

The main CD in SHDT for psoriasis in our center is due to lack/loss of response. Ustekinumab has been the drug that has registered the most discontinuations and losses to follow-up; it is explained by being the treatment with the highest prevalence in the study. Visiting the hospital for infliximab administration has been shown to reduce adherence and interrupt treatment in patients who receive it. The CD of apremilast is gastrointestinal adverse reactions.

The increment in SHDT that appeared in recent years to treat psoriasis increases the therapeutic options. Knowing the main CD of the different drugs or the different characteristics of the patients helps to individualize the treatment.

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