

HEALTH RESULTS AFTER INFLIXIMAB PHARMACOKINETIC MONITORING IN INFLAMMATORY BOWEL DISEASE

Herrera-Expósito M¹, Rubio-Calvo D¹, Martínez- de la Plata JE¹, Canto-Mangana J¹, Pinto-Nieto CM², Castro-Vida MA¹.
1. Hospital de Poniente, El Ejido (Almería). Hospital Pharmacy Service 2. Hospital de Guadix, Guadix (Granada). Hospital Pharmacy Service

Contact: macarena.herrera@ephpo.es

BACKGROUND AND IMPORTANCE

Infliximab (IFX) is an inhibitor of α tumour necrosis factor (anti-TNF α) monoclonal antibody used in inflammatory bowel disease (IBD). Some patients do not show clinical benefit or they show loss of response over time \rightarrow **individualize and optimize** therapy through **therapeutic drug monitoring (TDM)**.

AIM AND OBJECTIVES

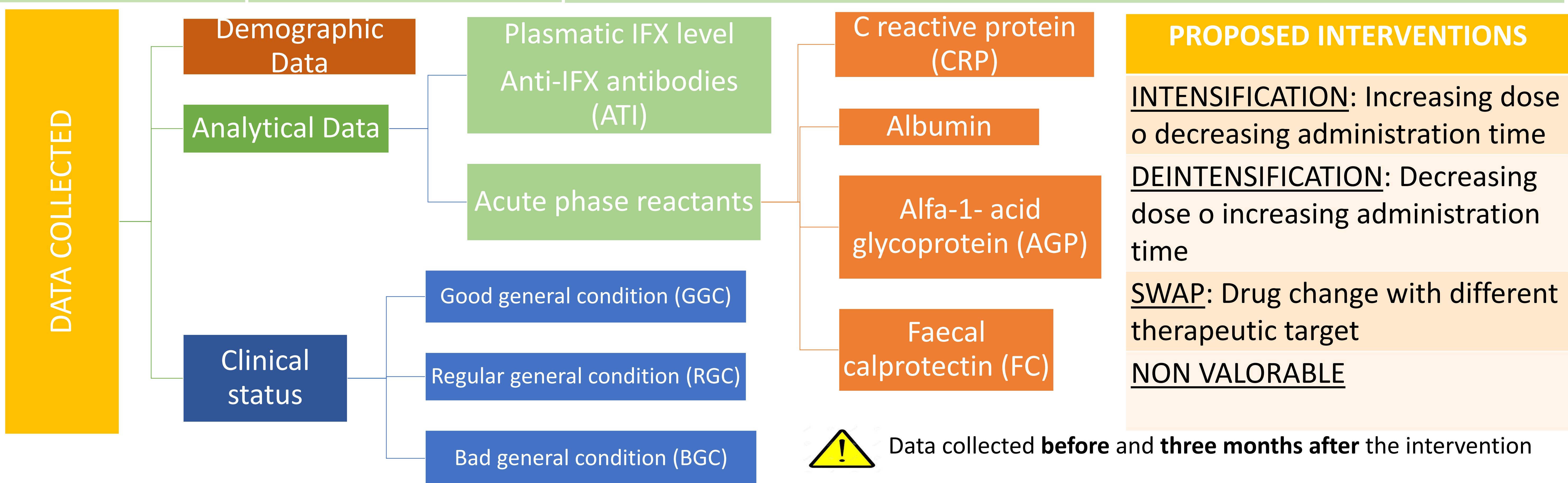
To analyze the clinical situation of patients according to a proactive monitoring of serum levels of IFX in IBD and pharmacokinetic recommendations in their management.

MATERIAL AND METHODS

Design: Prospective study

Study duration: 18 months

Participants: IBD patients treated with IFX who had pharmaceutical interventions



RESULTS



55 monitored patients with interventions

69%

31%

Mean age: 39 years old [20-70]

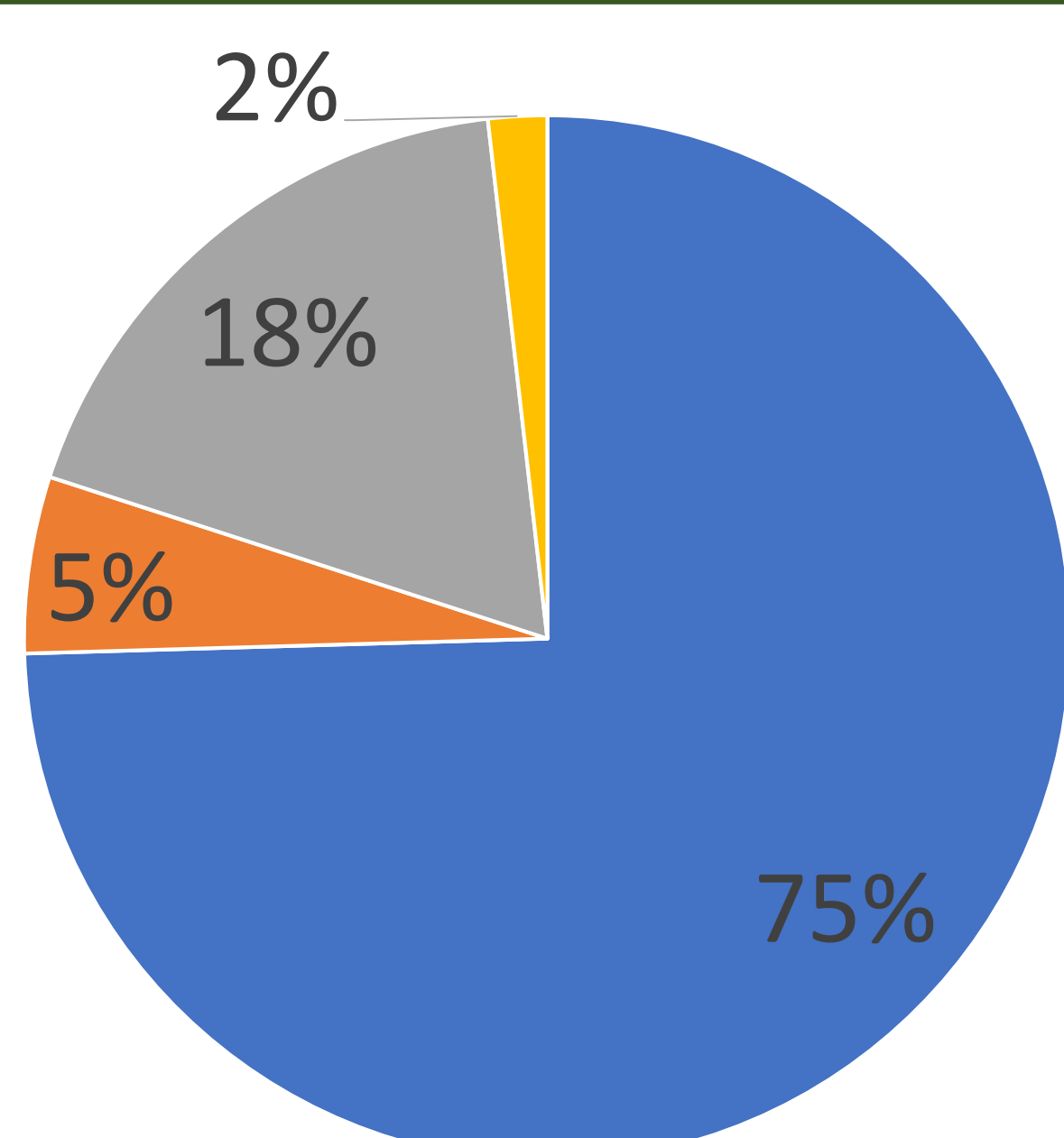
Analytic parameters	Mean (SD)
IFX ($\mu\text{g/mL}$)	3.04 (4.22)
ATI ($\mu\text{g/mL}$)	1.48 (2.61)
Albumin (g/dL)	4.04 (0.3)
CRP <i>before</i> intervention (mg/dL)	0.78 (0.75)
CRP <i>after</i> intervention (mg/dL)	0.62 (0.64)
AGP <i>before</i> intervention (mg/dL)	87.35 (29.00)
AGP <i>after</i> intervention (mg/dL)	85.21 (22.00)
FC <i>before</i> intervention ($\mu\text{g/g}$)	190.25 (148.61)
FC <i>after</i> intervention ($\mu\text{g/g}$)	174.75 (220.25)

58.18% with concomitant immunomodulatory treatment

Clinical status	%
GGC <i>before</i> intervention	19.36
GGC <i>after</i> intervention	78.18
RGC <i>before</i> intervention	54.55
RGC <i>after</i> intervention	20
BGC <i>before</i> intervention	29.11
BGC <i>after</i> intervention	1.82



100% Recommended interventions were accepted



■ INTENSIFICATION ■ DEINTENSIFICATION
■ SWAP ■ NON VALORABLE

CONCLUSION AND RELEVANCE

- After the intervention, patients show a tendency to decrease inflammatory parameters and also clinical improvement with a subjective reduce in symptoms.
- TDM in association with recommendations of the pharmacy service are valuable strategies in optimizing IBD treatment to avoid loss of response and achieve better clinical outcomes.

ACKNOWLEDGEMENTS

No conflict of interest