

PERSISTENCE OF FIRST LINE BIOLOGICAL AGENTS IN PSORIASIS PATIENTS

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1 BACKGROUND

Biological-based therapies, such subcutaneous anti TNF- α (etanercept or adalimumab) or an agent which targets interleukin IL-12 and IL-13 cytokines (ustekinumab) have greatly improved treatment outcomes in psoriasis (Pso).
Drug persistence, defined as “the duration of time from initiation to discontinuation of therapy”, is an important factor in determining the success of any long-term therapy.

2 PURPOSE

To evaluate the persistence of adalimumab, etanercept and ustekinumab as first line therapy in Pso patients.

3 MATERIAL AND METHODS

Observational, retrospective, longitudinal study

INCLUSION CRITERIA

- Adult Pso patients
- No previous treatment

PERSISTENCE MEASUREMENTS

Count of days from the index prescription to the date of the final dispensing or the end of the observation period (September 2015)	Dichotomous variable measured at the end of the first, second and third year of therapy **
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**calculated over patients who started treatment one, two or three years before the analysis respectively

STATISTICAL ANALYSIS

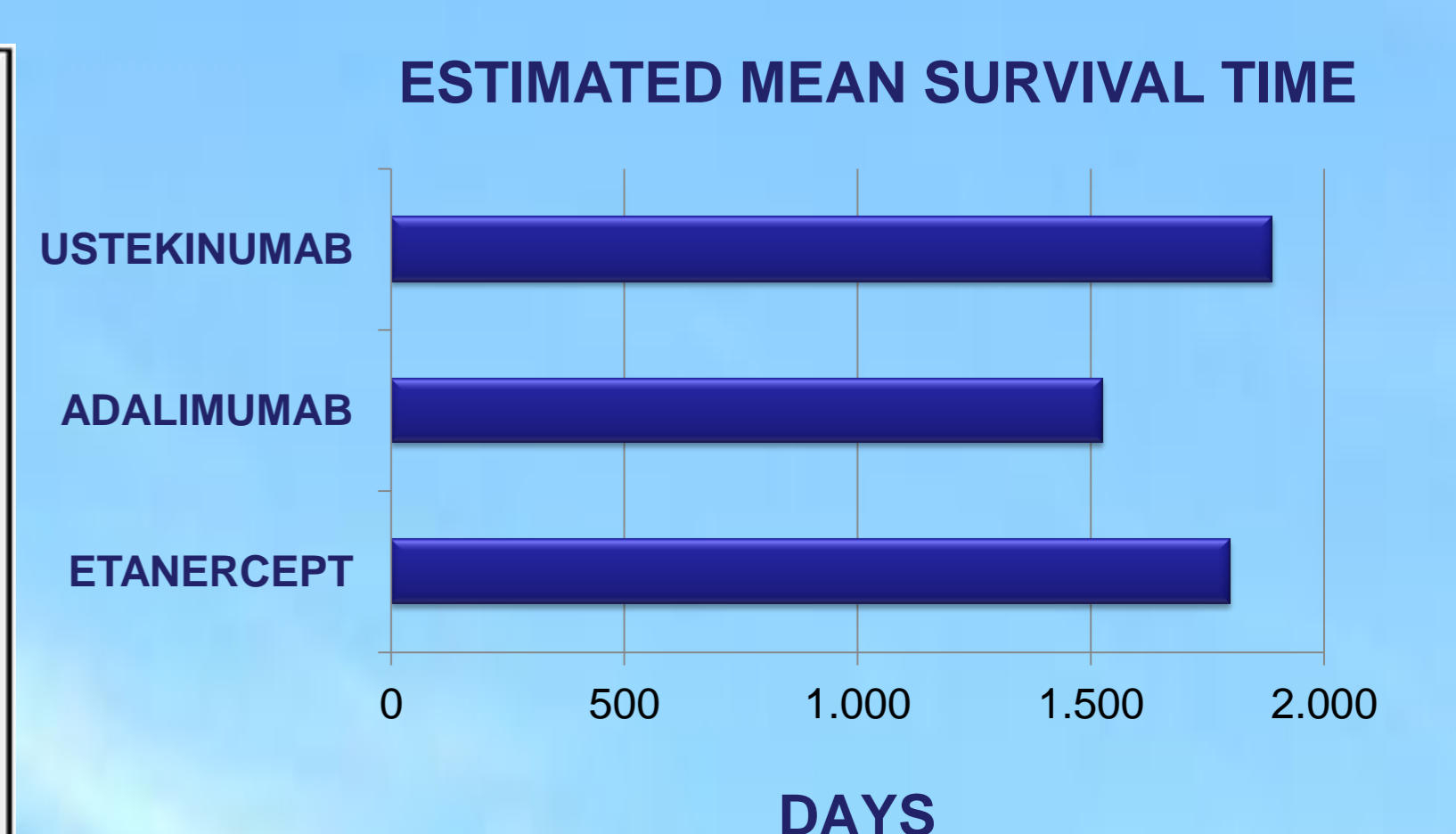
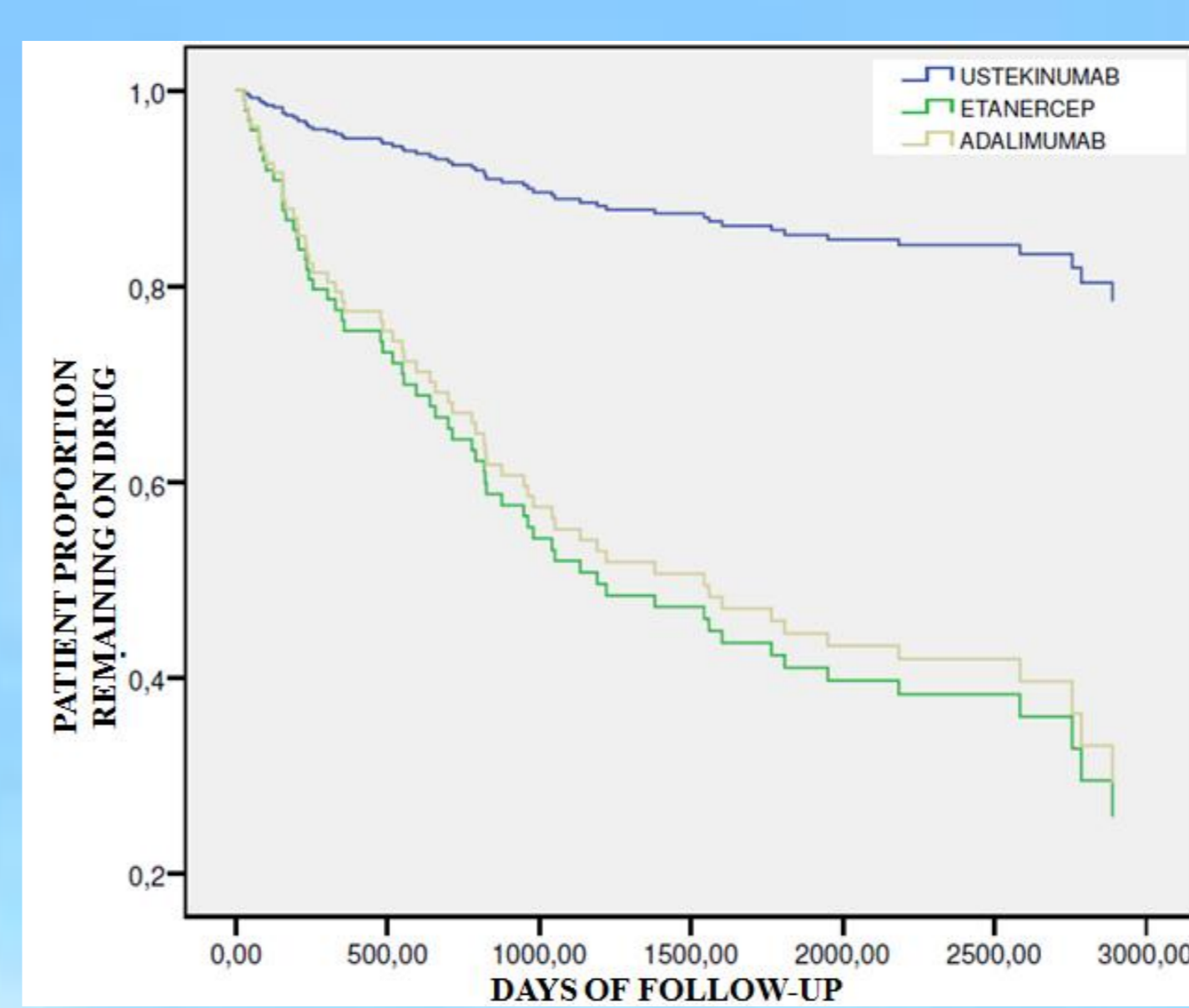
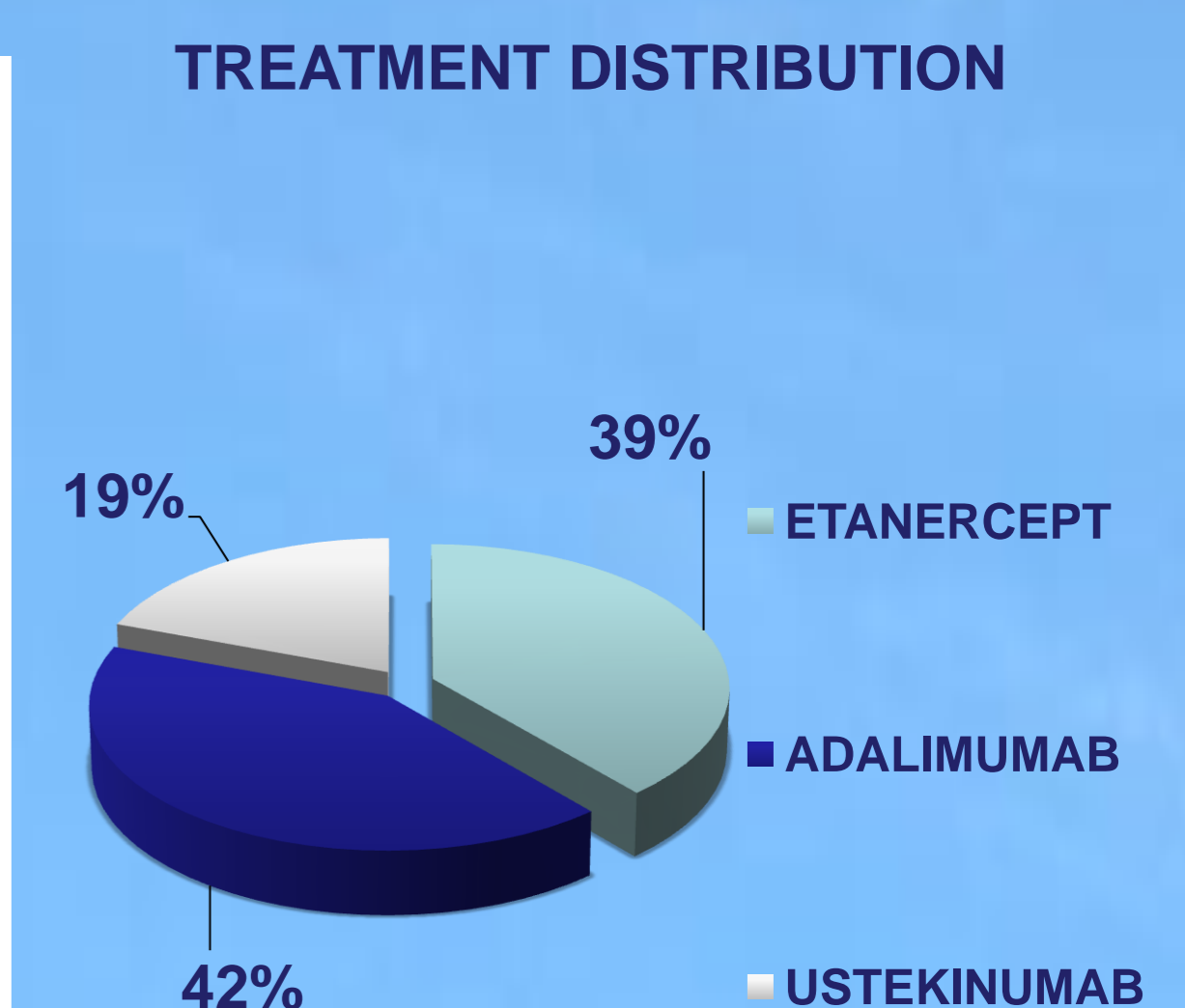
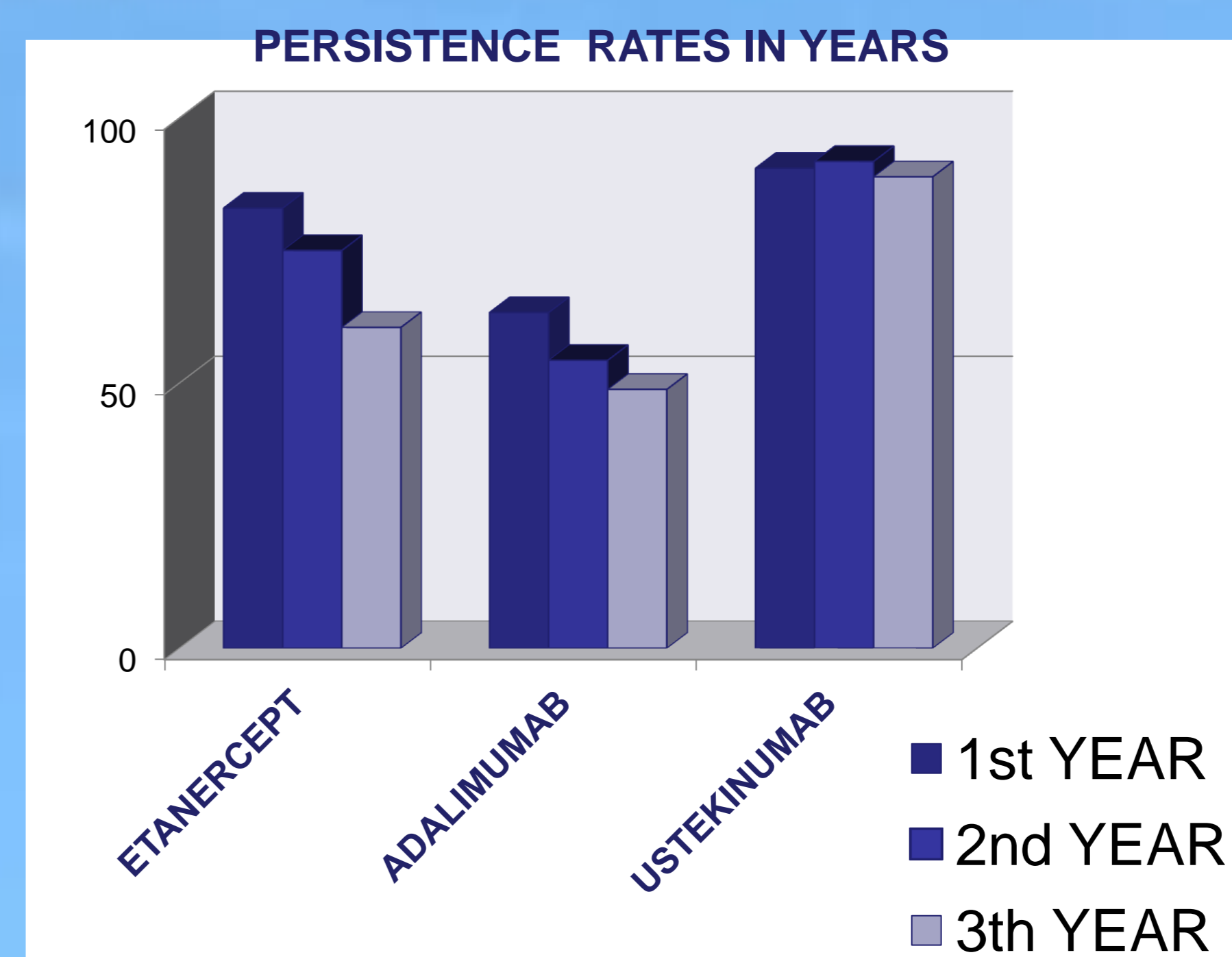
- Kaplan–Meier survival analyses
- A Cox regression was used to compare persistence between different drugs and hazard ratio (HR) was calculated
- SPSS Statistics version 15.0 (IBM, Armonk, NY, USA)

DATA SOURCES

Medical and drug dispensation records (Farmatools®)

4 RESULTS

N=124 (69.4% male)
Mean \pm SD age= 52.1 \pm 14.5 years.



USTEKINUMAB vs. ETANERCEPT
HR= 0.20 (IC95% 0.05-0.84;p=0,028)
USTEKINUMAB vs. ADALIMUMAB
HR= 0.18 (IC95% 0.045-0.77;p=0.028)
ADALIMUMAB vs. ETANERCEPT
HR=1.10 (IC95% 0.65-1.88;p=0.720)

5 CONCLUSION

Persistence was greater in Pso patients treated with ustekinumab than those with etanercept or adalimumab.
Time to discontinuation was similar between adalimumab and etanercept. Less than 50% of adalimumab patients persisted at third year.

Conflict of interest: Nothing to disclose

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