CP-114

PERSISTENCE OF BIOLOGICAL TREATMENT IN PATIENTS WITH PSORIASIS

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BACKGROUND

Although the use of biological agents for the treatment of psoriasis is widespread in clinical practice, studies on its persistence over time are scarce.

PURPOSE

Estimate the persistence of treatment with biological agents in patients diagnosed with psoriasis receiving first biological treatment.

MATERIAL AND METHODS

Retrospective, observational study

Population and study period

Patients diagnosed with psoriasis who initiated **first biological treatment** since its commercialization until August 2011 (at least 5 years follow-up)

Persistence was defined as time (days) from the start of treatment until its discontinuation for dispensations periods higher than three months to include optimization regimen.

Variables collected

- ✓ Age
- ✓ Sex
- ✓ Treatment start date
- ✓ Treatment discontinuation date
- ✓ PASI (Psoriasis Area Severity Index)
- ✓ Reason of discontinuation

Outcome variables

Median overall and specific persistence for each treatment

Calcule

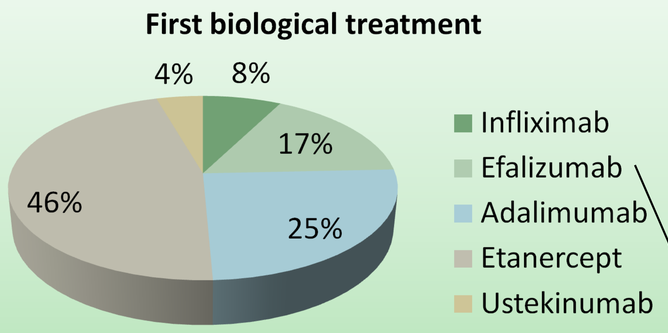
Kaplan-Meier survival curves (Log-Rank test)
Statistic programme: SPSS®

RESULTS

POPULATION

132 patients
56,8% males
Mean age 44,61 years (SD=14,46)

3% of patients continue
94% discontinued
3% lost follow-up



Market withdrawal in 2009

Mean PASI

At the beginning (90 unknown): 14,5(SD=6,6)
At the discontinuation date (84 unknown):
Clinical improvement/remission: 0,4 (SD=1)
The rest: 9,2 (SD=6,9)

PERSISTENCE OF FIRST BIOLOGICAL TREATMENT

Overall persistence: 239 days (95%CI: 181,3-296,7)

	Median persistence (days)
INFLIXIMAB	**339** (95%CI: 0,0-780,6)
EFALIZUMAB	**184** (95%CI: 43,8-324,2)
ADALIMUMAB	**337** (95%CI: 26,4-388,7)
ETANERCEPT	**176** (95%CI: 177,5-234,5)
USTEKINUMAB	**350** (95%CI: 0,0-880,0)

No significant differences (p=0,121)

REASONS OF DISCONTINUATION

	INFLIXIMAB (n=10)	EFALIZUMAB (n=22)	ADALIMUMAB (n=33)	ETANERCEPT (n=61)	USTEKINUMAB (n=6)	Total (n=132)
No discontinuation	10% (n=1)	0% (n=0)	0% (n=0)	5,0% (n=3)	0% (n=0)	3,0% (n=4)
Discontinuation	90% (n=9)	100% (n=22)	97% (n=32)	90% (n=55)	83,3% (n=5)	94% (n=123)
REASONS OF DISCONTINUATION						
Failure	22,2% (n=2)	45,5% (n=10)	31,3% (n=10)	34,5% (n=19)	20% (n=1)	34,1% (n=42)
Clinical improvement/ remission	33,3% (n=3)	40,9% (n=9)	50,0% (n=16)	40,0% (n=22)	80% (n=4)	43,9% (n=54)
Toxicity						
Intolerance	22,2% (n=2)	0% (n=0)	3,1% (n=1)	1,8% (n=1)	0% (n=0)	3,3% (n=4)
Infections	11,1% (n=1)	0% (n=0)	9,3% (n=3)	7,4% (n=4)	0% (n=0)	6,6% (n=8)
Others (lack of drug positive Mantoux test, pregnancy)	11,1% (n=1)	13,6% (n=3)	6,3% (n=2)	14,5% (n=8)	0% (n=0)	11,3% (n=14)
Patient preference	0% (n=0)	0% (n=0)	0% (n=0)	1,8% (n=1)	0% (n=0)	0,8% (n=1)

CONCLUSION

The **median overall persistence is low(less than a year).** The specific persistence is approximately one year for infliximab, adalimumab and ustekinumab and half a year for efalizumab and etanercept. These outcomes could make us believe they are not well tolerated or ineffective. However, the main reason for discontinuation was clinical improvement/remissions follow by failure.

22st Congress of the EAHP, 22-24 March, 2017 – Cannes, France

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