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Comparative efficacy and safety of tumor necrosis factor alpha blockers (anti-TNFα) in non-fistulizing Crohn's disease

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BACKGROUND

There are two anti-TNFα drugs approved to treat Crohn's disease (CD) in Europe: infliximab and adalimumab.

PURPOSE

To compare their efficacy and safety in adult patients with moderate to severe non-fistulizing CD.

MATERIAL AND METHODS

A **systematic review** of literature was undertaken. Databases: MEDLINE, EMBASE, Cochrane Library, Centre for Reviews and Dissemination and Web of Science (until March 2013). Websites of health technology assessment (HTA) agencies and references from relevant studies were also reviewed to identify additional documents.

Selection criteria:
Systematic reviews, meta-analysis, network meta-analysis and HTA reports evaluating efficacy and/or safety of infliximab versus adalimumab (or both drugs versus a common comparator) in adults with moderate to severe non-fistulizing CD were included.

Study selection, quality assessment and data extraction were conducted by two independent researchers. Disagreements were resolved by consensus.

RESULTS

Included studies (n=8):
3 HTA reports, 1 Cochrane review, 1 network meta-analysis, 2 meta-analyses and 1 systematic review.

No head-to-head trials comparing infliximab and adalimumab were identified in any of the included studies. The best evidence available came from placebo controlled randomized trials.

The only study in which **indirect treatment comparisons** were conducted failed to show significant differences between infliximab and adalimumab for the maintenance of remission [RD (95%CI) INF vs. ADA: -8,7% (-24,0% to 5,4%)] or clinical response [RD (95%CI) INF vs. ADA: -3,9% (-18,2% to 11,2%)] in patients with CD.

The **remaining studies** reached similar conclusions. In general, their authors considered that both infliximab and adalimumab were effective and safe treatments in induction and maintenance therapy for CD, and that both drugs had a similar efficacy and safety profile, compared with placebo.

CONCLUSION

In absence of direct comparative studies, both drugs can be considered as alternatives with similar efficacy and safety for the treatment of adult patients with moderate to severe non-fistulizing CD.