A NETWORK META-ANALYSIS OF BIOLOGICAL AND TARGETED SYNTHETIC DRUGS IN REFRACTORY PSORIATIC ARTHRITIS

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BACKGROUND AND IMPORTANCE

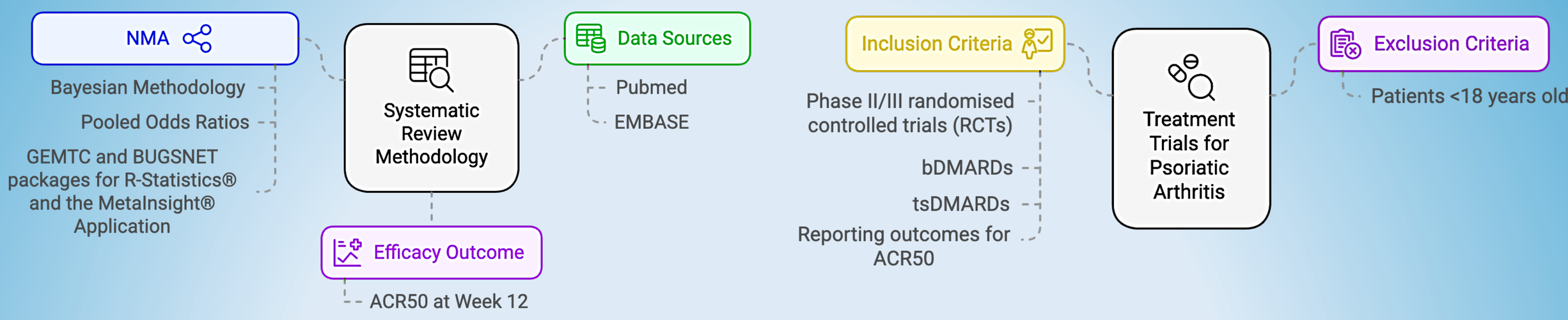
At present, a considerable number of drugs are available for the treatment of refractory psoriatic arthritis (PsA). However, the lack of direct comparative studies of the available alternatives results in considerable uncertainty regarding their respective therapeutic positions.

AIM AND OBJECTIVES

To develop a network meta-analysis (NMA) to provide a comparison of the efficacy of treatments in PsA.

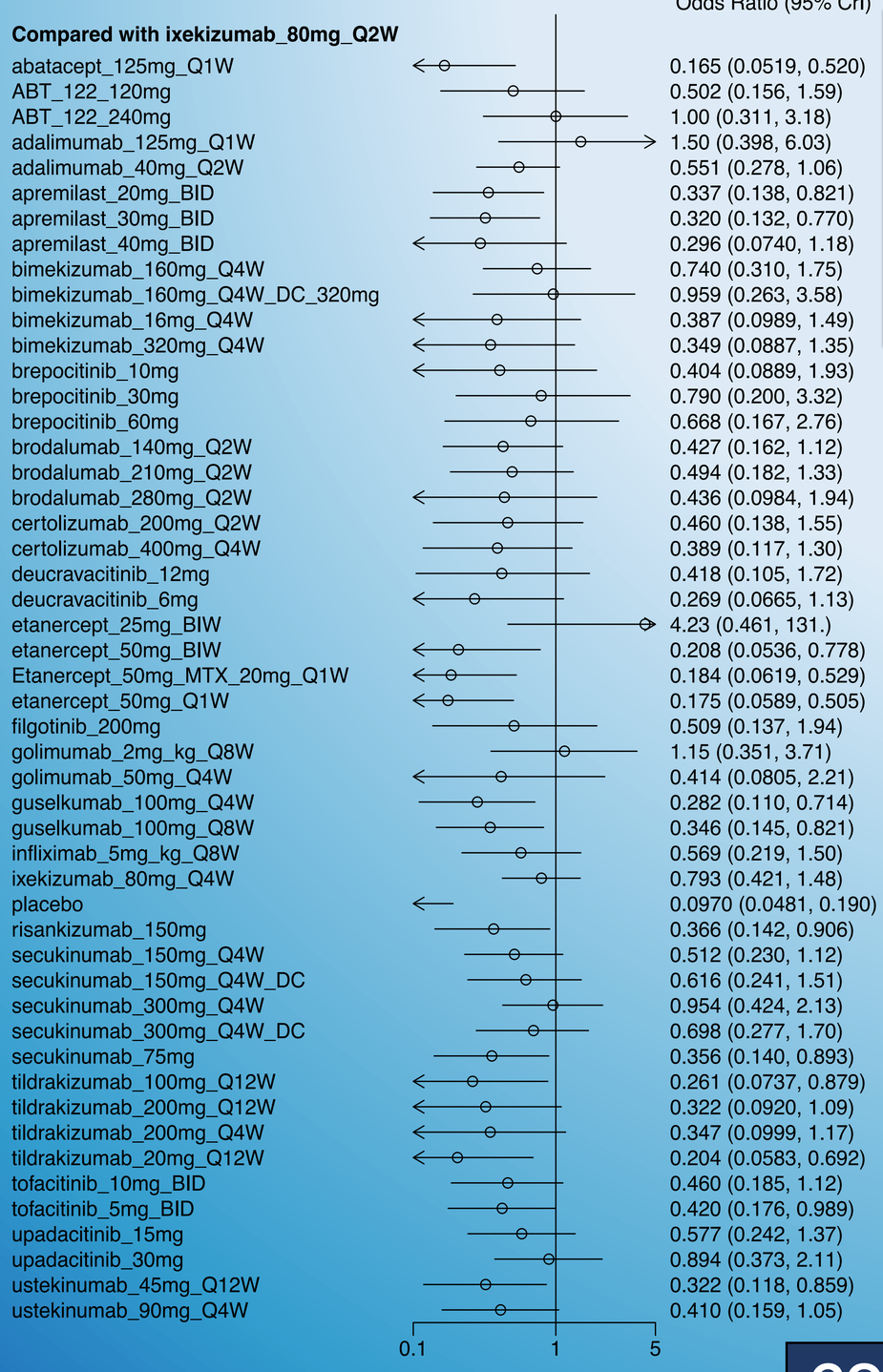
MATERIAL AND METHODS

A systematic review was conducted on 1 March 2024



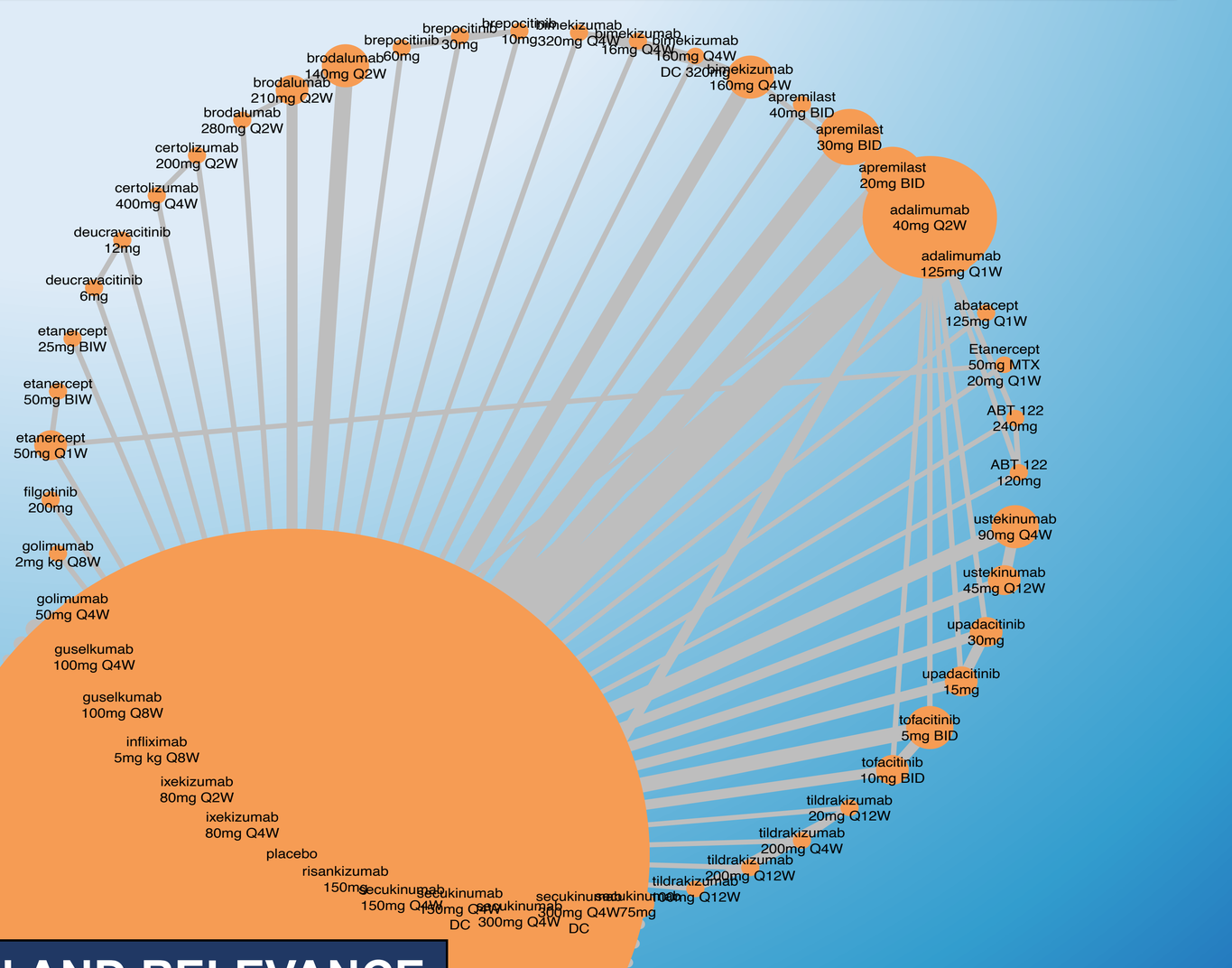
RESULTS

- 53 RCTs with 22,365 patients and 51 different intervention arms were included.
- **NMA all treatments vs. placebo:** Ixekizumab 80mg every two weeks (IXE80 Q2W) → most favourable outcome and was therefore used as the reference treatment.



NMA: all treatments vs. IXE80 Q2W

No treatment superiority. The majority of comparisons did not reveal statistically significant differences. IXE80 exhibited statistically significant superiority ($p<0.05$) in comparison to: abatacept, apremilast 20mg and 30mg, etanercept 50mg, guselkumab, risankizumab, secukinumab 75mg, tildrakizumab 20mg and 100mg, tofacitinib 5mg, and ustekinumab 45mg Q12W.



CONCLUSION AND RELEVANCE

Ixekizumab 80mg Q2W has been demonstrated to be an efficacious standard treatment, with no other treatment demonstrating superior efficacy. Furthermore, the safety criteria must be considered into account when determining the optimal therapeutic positioning of drugs in this clinical context.

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