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A descriptive study on indication to commence and change tumour necrosis factor inhibitors as long-term therapy in spondyloarthropathies in Teaching Hospital Karapitiya, Sri Lanka

Senarathna H[1], Deshapriya K[2]
[1]Senior Registrar in Rheumatology and Rehabilitation
[2]Consultant in Rheumatology and Rehabilitation
Department of Rheumatology and Rehabilitation, Teaching Hospital, Karapitiya

Background:
Biological disease-modifying anti-rheumatic drugs (bDMARDs) are increasingly used in current clinical practice to control the disease activity of spondyloarthropathies (SpA). Though the international authorities recommend tumour necrosis factor inhibitors (TNFi) or interleukin-17 inhibitors (IL-17i), the most available bDMARDs in the local market for this purpose is TNFi.

Objective:
To determine the indications to commence and change the TNFi as long-term therapy for patients with SpA in Teaching Hospital Karapitiya.

Methods:
Patients with spondyloarthropathies (except psoriatic arthritis, inflammatory bowel disease associated arthritis and reactive arthritis) who have received bDMARDs, were screened to determine the indications to commence and change the bDMARDs.

Results:
A total of 57 (49 males, and 8 females) patients were screened. The mean age is 39 years. 34 patients have received Infliximab (mean number of doses=11), 20 received Golimumab (mean number of doses=7), 1 received Adalimumab as their first bDMARDs, and 2 patients who were initially being managed as rheumatoid arthritis have received non-TNFi, later being switched to Golimumab and Infliximab.
The most common indication (n=46) to commence TNFi is poor response to the initial treatment regime with non-Steroidal Anti-Inflammatory drugs (NSAIDs). The mean months taken to start bDMARDs was 9.3 since being registered at the clinic.
5 patients who were on Golmumab or Infliximab were changed over to the other due to lack of response. 6 patients (10.52%) were discontinued from TNFi therapy due to the unavailability of medication which they were originally on. While receiving TNFi, 1 patient was diagnosed with pulmonary tuberculosis and another one developed oral ulcers which lead to the cessation of the medication. Only 2 patients (3.50%) were gone into remission.

Conclusions:
81% of the study population were started on bDMARDs due to the lack of response to NSAIDs. The commonest reason leading to the change of the therapy was the lack of continuous supply of bDMARDs. Suboptimal induction of remission was observed probablyh due to the unavailability of the drugs.