

EVALUATION OF THE EFFECTIVENESS OF REINDUCTION OR INTENSIFICATION WITH USTEKINUMAB IN INFLAMMATORY BOWEL DISEASE

M. Falcón-Cubillo¹, L. Rodríguez-de Francisco¹, Á. Órpez-Ramírez¹, A. Rodríguez-Pérez¹,
Á. Villalba-Moreno¹, M. López-Feijoó¹, M. Fernández-González¹.

¹Hospital Universitario Virgen Del Rocío, Pharmacy, Seville, Spain.

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BACKGROUND AND IMPORTANCE

In the context of loss of efficacy in patients treated with subcutaneous maintenance of ustekinumab (UST) for inflammatory bowel disease, Crohn's disease (CD) and ulcerative colitis (UC), one of the strategies implemented has been re-induction or intensification.

OBJETIVES

To evaluate the effectiveness of re-induction or intensification with UST.

MATERIAL AND METHODS

Retrospective observational study

September 2019-2022

Patients treated with UST every 8 weeks and who received a re-induction/intensification regimen.
The follow-up period was 6 weeks

Sex

Age

Pathology

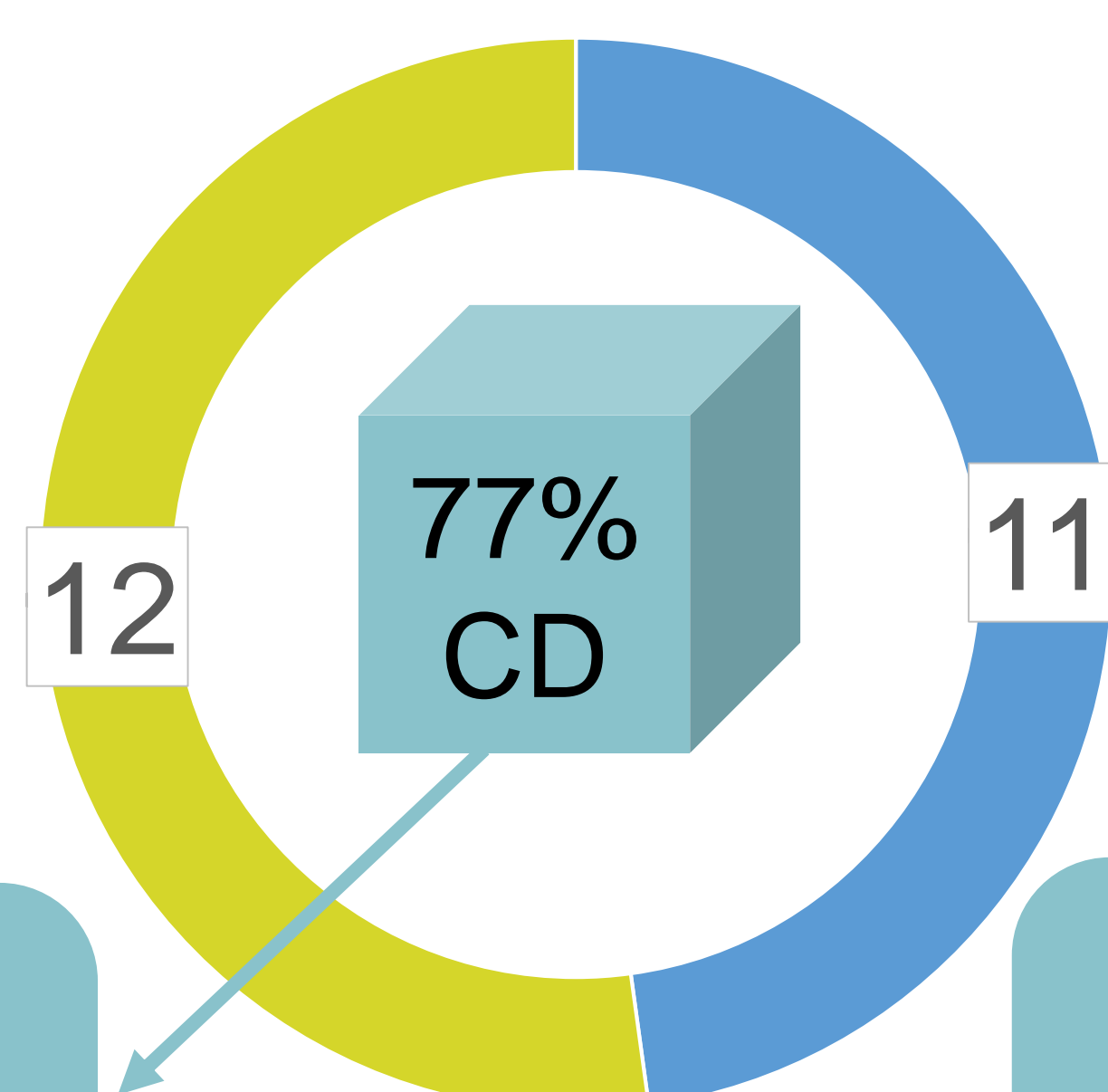
Previous treatments

Analytical data

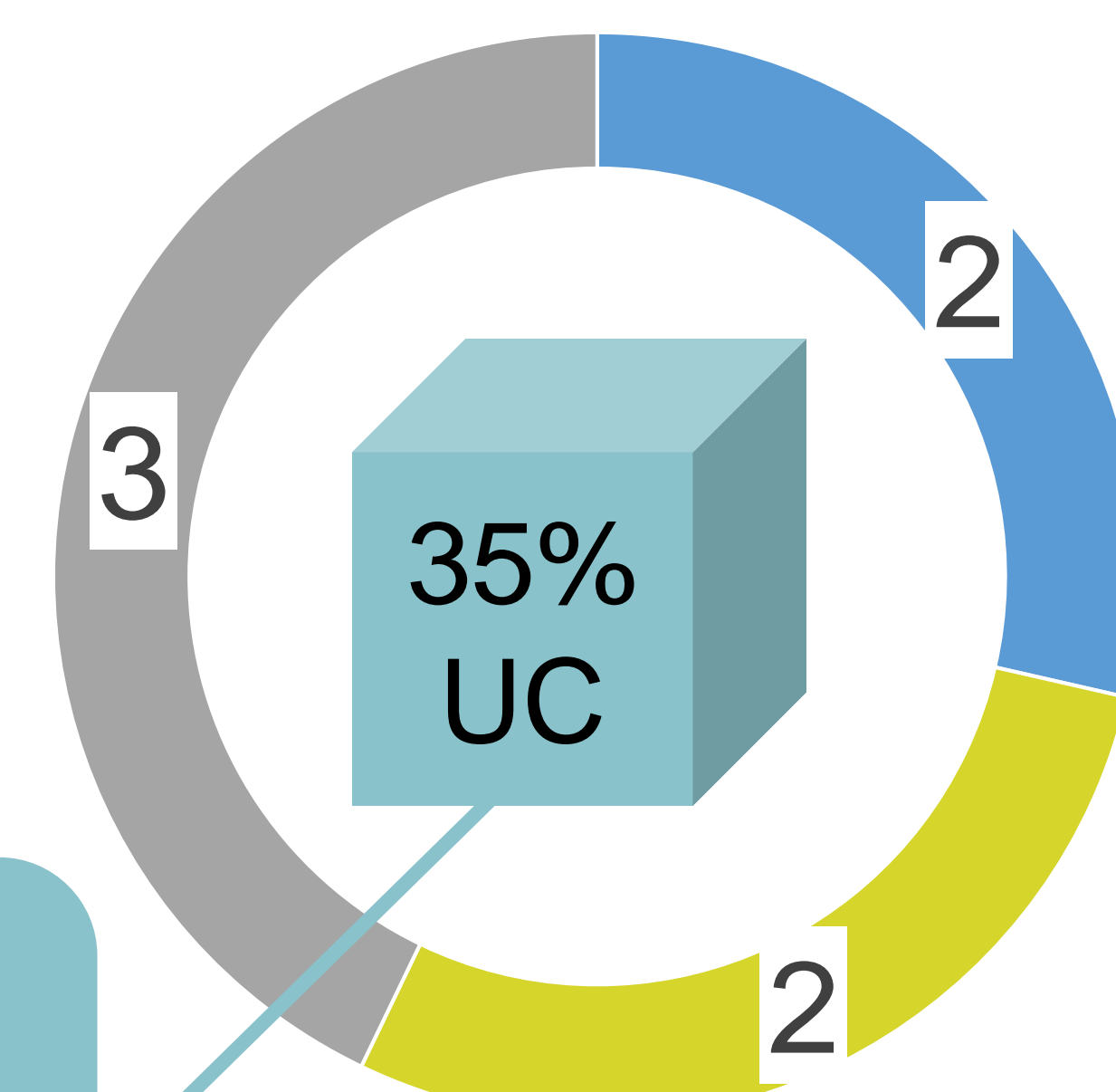
Clinical data

RESULTS

30 patients
57% men
40 years
(17-73)



- Re-induction
- Intensification
- Both



Previous treatments
One anti-TNFα drugs: 13%
More anti-TNFα drugs : 87%
Vedolizumab: 35%

Previous treatments
One anti-TNFα drugs: 29%
More anti-TNFα drugs : 71%
Vedolizumab: 57%

Improvements in analytical measurements and clinical data

	Re-induction	Intensification	Both
Hemoglobin	60%	50%	0%
ESR	65%	63%	100%
CRP	80%	71%	100%
Faecal calprotectin	93%	86%	100%
Adominal pain	70%	78%	100%
Daily stools	0%	100%	0%

CONCLUSION AND RELEVANCE

Re-induction/intensification with UST is an effective option in the treatment of inflammatory bowel disease, in line with published clinical trials. The analytical data were better with re-induction. 77% of patients remain on the treatment.

