INTENSIFICATION IN BIOLOGICAL TREATMENT IN ULCERATIVE COLITIS

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Background and Importance

Biological drugs have improved the therapeutic possibilities of UC. However, a considerable percentage of patient don’t initially respond to treatment or loses the response achieved over time. To solve the treatment failure, several strategies have been used, including intensification of treatment.

Aim and Objectives

To analyze the use of biological drugs in patients with UC and the strategies used in the intensification of these treatments in clinical practice.

Material and methods

Retrospective and observational study. Inclusion criteria: patients who received biological treatment during the study period (year 2018).

Results

• 48 patients: 61.54% women
• Median age 41 years (19-64)
• Median number of years diagnosed: 7 (1-29)

Variables:
• Age and sex
• Number of years diagnosed
• Calprotectin (CF) before and after treatment
• Use of intensification
• Strategy used: dose increase or interval shortening dosage and realization of drug levels

Number of patients to whom treatment intensified

- Infliximab (IFX) 16
- Adalimumab (ADA) 1
- Vedolizumab (VDZ) 6

Intensification strategies*

• n=21 shorten the dose interval
• n=2 increase the dose

* In the case of ADA and IFX they were carried out according to the drug levels obtained and in case of VDZ according to signs of clinical activity and CF levels.

Conclusion and Relevances

Biological drugs represent an effective and safe option in patients with UC, however, approximately half of the patients in the study period had to be intensified. Therefore, the introduction into the clinical practice of monitoring the serum levels of the biological drug is essential for a correct intensification strategy.

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