CLINICAL BENEFIT OF INFIXIMAB MONITORING IN INFLAMMATORY BOWEL DISEASE

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BACKGROUND:
The adjustment of Infliximab (IFX) doses is commonly based on subjective data or invasive methods. However, pharmacokinetic monitoring of Infliximab plasma levels is available in our hospital at this moment; this tool that has been proved to be useful in the optimization of clinical results (1)(2).

PURPOSE:
To analyze the clinical course of acute phase reactants in patients with inflammatory bowel disease (IBD) treated with IFX; and to evaluate if there is a clinical benefit resulting from applying the pharmacokinetic recommendations in the management of these patients.

MATERIAL AND METHODS:
Analytical results collected: fecal calprotectin and C-reactive protein (CRP) measured before the monitoring (PRE) and three months later (POST).
Retrospective observational study (2017) in a General Hospital.

RESULTS:
21 patients with IBD was monitoring:

<table>
<thead>
<tr>
<th></th>
<th>PRE</th>
<th>POST</th>
<th>P-value</th>
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</thead>
<tbody>
<tr>
<td>Fecal calprotectin</td>
<td>1257.2</td>
<td>503.2</td>
<td>0.053</td>
</tr>
<tr>
<td>CRP (mg/L)</td>
<td>7.1</td>
<td>3.8</td>
<td>0.035</td>
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P-value was calculated with Wilcoxon test

DISCUSSION AND CONCLUSION:
Both PCR and calprotectin were reduced after 3 months of IFX monitoring. 
The clinical improvement observed was greater in the group of patients in whom the dose drug was adjusted following the recommendation of the pharmacist.

ACKNOWLEDGEMENTS: To my workmates, thank you.
