PERIOPERATIVE MANAGEMENT OF ANTIRHEUMATIC MEDICATION IN REAL PRACTICE. IS MISMANAGEMENT RELATED TO POST SURGICAL COMPLICATIONS?

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OBJECTIVES

The optimal perioperative management of immunosuppressant therapy may present an opportunity to mitigate post-surgery infection risk versus disease flare risk if the medication is withheld. The objectives were:

a) to evaluate the accuracy between the real practice in perioperative management of patients with rheumatic diseases and the guideline recommendations.

b) to assess post-surgery complications and identify associated risk factors.

MATERIALS and METHODS

Retrospective, observational study.

Incision criteria were: adult patients with rheumatoid arthritis (RA), spondyloarthritis (SpA) and psoriatic arthritis (PsA) in treatment with biologic agents while undergoing surgery between Jan-2017 and Aug-2018.

Data collected:

- Diagnosis, antirheumatic treatment (biologic agent, disease-modifying antirheumatic drugs (DMARDs) and glucocorticoids) and doses.
- Continuation/interruption of DMARDs and biologic agent, time of reintroducing them and glucocorticoid adjustment dose during surgery.
- Post-surgery complications: infections and disease flares.

Descriptive statistics and binary logistic regression were performed with SPSS 20.0.

RESULTS

47 patients were included: 63.8% RA, 19.1% SpA and 17.1% PsA. Anti-TNFα agents were used in 76.5%, from which 14% of patients were required intensified dose. DMARDs were combined with biologic therapy in 63.8% while glucocorticoids were used in 44.7%.

During perioperatory time and according to guideline, a total of 93.3% continued with DMARDs and 95.2% with glucocorticoids when the daily dose of prednisone or equivalent was <20 mg. Nevertheless, 14.8% interrupted the biologic agent, from which 42.8% of the surgeries were scheduled at the end of the biological therapy cycle and no patient was properly reintroduced to biologic agent after 14 days from surgery.

Post-surgery infection complications appeared in 8.5% and nobody had disease flare during post-operative.

No association between infection complications and perioperative mismanagement of biologic agents (p: 0.359), neither with biologic therapy intensified dose (p: 0.379).

CONCLUSIONS

- Perioperative management of biologic therapy in real practice is not according to guidelines, while with DMARDS and glucocorticoids was appropriate.
- We have not found risk factors associated with post-surgical complications in rheumatic diseases.
- Perioperative management could be a new challenge in pharmaceutical care of biologic therapies.

Conflict of interest: nothing to disclose

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