HEALTH RESULTS AFTER INFliximab PHARMACOKINETIC MONITORING IN INFLAMMATORY BOWEL DISEASE

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BACKGROUND AND IMPORTANCE

Infliximab (IFX) is an inhibitor of α tumour necrosis factor (anti-TNFα) monoclonal antibody used in inflammatory bowel disease (IBD).
Some patients do not show clinical benefit or they show loss of response over time→ individualize and optimize therapy through therapeutic drug monitoring (TDM).

AIM AND OBJECTIVES

To analyze the clinical situation of patients according to a proactive monitoring of serum levels of IFX in IBD and pharmacokinetic recommendations in their management.

MATERIAL AND METHODS

Design: Prospective study
Study duration: 18 months
Participants: IBD patients treated with IFX who had pharmaceutical interventions

DATA COLLECTED

Demographic Data
Analytical Data
Plasmatic IFX level
Anti-IFX antibodies (ATI)
C reactive protein (CRP)
Albumin
Alfa-1- acid glycoprotein (AGP)
Faecal calprotectin (FC)
Acute phase reactants
Good general condition (GGC)
Regular general condition (RGC)
Bad general condition (BGC)

RESULTS

55 monitored patients with interventions
69%  31%
Mean age: 39 years old [20-70]

Analytic parameters | Mean (SD)
---|---
IFX (µg/mL) | 3.04 (4.22)
ATI (µg/mL) | 1.48 (2.61)
Albumin (g/dL) | 4.04 (0.3)
CRP before intervention (mg/dL) | 0.78 (0.75)
CRP after intervention (mg/dL) | 0.62 (0.64)
AGP before intervention (mg/dL) | 87.35 (29.00)
AGP after intervention (mg/dL) | 85.21 (22.00)
FC before intervention (µg/g) | 190.25 (148.61)
FC after intervention (µg/g) | 174.75 (220.25)

58.18% with concomitant immunomodulatory treatment

Clinical status | %
---|---
GGC before intervention | 19.36
GGC after intervention | 78.18
RGC before intervention | 54.55
RGC after intervention | 20
BGC before intervention | 29.11
BGC after intervention | 1.82

CONCLUSION AND RELEVANCE

• After the intervention, patients show a tendency to decrease inflammatory parameters and also clinical improvement with a subjective reduce in symptoms.
• TDM in association with recommendations of the pharmacy service are valuable strategies in optimizing IBD treatment to avoid loss of response and achieve better clinical outcomes.

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No conflict of interest