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Background

Psoriasis is a disease that has negative effects on the physical, psychological and social well-being of patients, with a significant deterioration in quality of life and a negative impact on productivity.

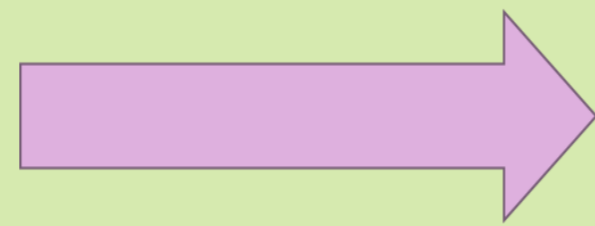
Several biological therapies are commonly used to treat moderate-severe psoriasis plaques and due to their high cost, they represent a significant part (share) of the hospital spending. Adalimumab (ADA) is a monoclonal antibody used in this therapy, which specifically binds to the tumor necrosis factor alpha (TNF) neutralizing it.

Aim and objectives

The main purpose of the treatment for psoriasis is to keep the skin affection under control. To assess the long-term persistence of adalimumab (ADA) in patients with moderate-severe Psoriasis plaque in the clinical practice in our environment.

Material and methods

A retrospective, observational 10-year study(2009-2018)



✓ Psoriasis
 ✓ ADA treatment

Data collected

- Sex and date of birth
- prior therapies
- Start date of treatment
- Changes in the pattern (optimizations and intensifications)
- Discontinuation date and causes

Results

32 patients

17 ♀
 15 ♂

average age 47.3
 (23-74)

Prior therapies 34.7% had received prior biological treatment



12 etanercept
 3 infliximab
 1 ustekinumab

- ❖ 15 patients (32.6%) optimized the dosing regimen during treatment, even suspending it for extended periods of time.
- ❖ 17 patients (36.9%) switched to another biological treatment (13 to ustekinumab, 2 to secukizumab and 2 to etanercept)
- ❖ The average duration of treatment with adalimumab was 61 months.

Conclusion

ADA represents an effective alternative in a high percentage of patients with Psoriasis, with a high long-term persistence, allowing even optimization in many cases.

The safety profile has been favorable throughout the study period.



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