EFFECTIVENESS AND SAFETY OF BIOLOGICAL THERAPY OPTIMISATION IN CHRONIC PLAQUE PSORIASIS


1 University Hospital Puerto Real. Pharmacy. Puerto Real. Spain.
2 University Hospital Puerto Real. Dermatology. Puerto Real. Spain.

BACKGROUND
Biologic drugs have demonstrated efficacy and safety in the treatment of chronic plaque psoriasis. Frequently, label doses tend to be reduced in clinical practice when a sustained response has been reached.

PURPOSE
To assess the effectiveness and safety related to the optimisation of biological therapies in mild to moderate psoriasis (mmP) patients.

MATERIAL AND METHODS
A prospective observational study of patients with mmP receiving treatment with optimised doses of etanercept(ETA), adalimumab(ADA) or ustekinumab(UST).

Primary endpoint
• Proportion of patients with response maintained (ie, PASI reached with standard doses) at weeks 12 and 24 after dose reduction.

Secondary endpoints
• Proportion of patients with a maintained response distributed by drug
• Treatment regimen
• Quality of life, assessed by DLQI (score from 0 (no impact of skin disease on quality of life) to 30 (maximum impact)) at weeks 0 and 24.
• The main adverse reactions.

RESULTS

<table>
<thead>
<tr>
<th>Treatment regimen</th>
<th>ETA</th>
<th>ADA</th>
<th>UST</th>
</tr>
</thead>
<tbody>
<tr>
<td>50mg/10 days</td>
<td>50mg/14 days</td>
<td>50mg/30 days</td>
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<tr>
<td>40mg/21 days</td>
<td>40mg/28 days</td>
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<tr>
<td>45mg/16 weeks</td>
<td>45mg/20 weeks</td>
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</tbody>
</table>

Patients’ treatment distribution

<table>
<thead>
<tr>
<th>Endpoint</th>
<th>Weeks</th>
<th>ETA (N=11)</th>
<th>ADA (N=17)</th>
<th>UST (N=4)</th>
</tr>
</thead>
</table>
| Primary Endpoint Week 12
1 patients ETA/10 days | 1 | 50mg/10 days (N=9) | 40mg/21 days (N=12) | 45mg/16 weeks (N=3) |
| Primary Endpoint Week 24
1 ETA/10 days 1 ADA/21 days 1 UST/20 weeks | 25 | 50mg/14 days (N=2) | 40mg/28 days (N=5) | 45mg/20 weeks (N=1) |

Quality of life
Mean DLQI after and before dose optimisation was maintained in 1. At week 24, DLQI was above 10 in 1 patient.

Adverse reactions
There were no adverse drug events.

CONCLUSION
• Efficacy was maintained after biological therapy dose optimisation in most of the mmP patients.
• Adalimumab was the most frequent biological drug optimised, followed by etanercept and ustekinumab.
• Safety and quality of life after drug dose reduction was maintained in most patients.