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CONVENTIONAL SYNTHETIC DMARDS IN PSORIATIC ARTHRITIS - CHANGING PRACTICE IN BIOLOGIC ERA: REAL-LIFE RESULTS FROM HURBIO-PsA REGISTRY


Background: Conventional synthetic modifying anti-inflammatory drugs (csDMARDs) are recommended as the first-line treatment options for most of the psoriatic arthritis (PsA) patients. In the last two decades, biologic drugs become more accessible and their percentage in the daily practice is increasing continuously. However, how they influenced the utilization of csDMARDs still remains unknown, yet.

Objectives: To determine the utilization rates of PsA patients before, after and at the starting of biologic DMARDs

Methods: We analyzed all patients who received at least 1 dose of biologic DMARDs, registered to HURBIO-PsA database, and who have complete data regarding csDMARD use before (ever), after (at last control visit) and at the starting of biologic DMARD. Methotrexate, leflunomide and sulfasalazine were the csDMARDs recorded. Demographic data of these patients were also recorded.

Results: A total of 426 (70% female) PsA patients was included. Mean age and mean PsA disease duration were 48±12.4 and 9.3±8.3 years, respectively. Mean duration of csDMARD utilization before bDMARDs was 5.8±5.1 years, and mean follow-up duration under bDMARDs was 3.7±2.5 years. Distribution of the bDMARDs that ever-prescribed as follows: adalimumab 273 (64.2%), etanercept 125 (29.3%), certolizumab pegol 103 (24.2%), infliximab 102 (24.0%), secukinumab 63 (14.8%), golimumab 55 (12.9%), ustekinumab 24 (5.6%) and tofacitinib 11 (3.4%). Percentage of each csDMARDs used before (ever used), after (at last control visit) and at the starting of biologic DMARDs were given in Figure. Also the percentage of patients using csDMARD as monotherapy and combination therapy were given in Figure.

Conclusion: csDMARDs particularly sulfasalazine and methotrexate were important treatment options before bDMARD period, however they (particularly SSZ) were usually discontinued after bDMARD initiation. Rate of concomitant csDMARDs use remains relatively stable after starting the bDMARDs. Besides, rate of concomitant mono/csDMARD use is significantly higher after bDMARD initiation, in contrast to pre-bDMARD period.