ARTICULAR MANIFESTATIONS IN PATIENTS WITH INFLAMMATORY BOWEL DISEASES TREATED WITH ANTI-TNF

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Background: Articular manifestations are the most frequent extra-digestive manifestations of Inflammatory Bowel Disease (IBD). Anti-TNF have proved to be as effective on articular symptoms as on IBD’s ones, but have been suspected to induce paradoxical articular manifestations.

Objectives: The aims of this study were to describe the frequency, the type and the management of all articular manifestations occurring in patients treated with anti-TNF for IBD and to look for factors associated with their occurrence.

Methods: In this retrospective monocentric study, we included all patients who received an anti-TNF for an IBD in our tertiary hospital referent for inflammatory rheumatic and bowel diseases. We searched for all incident articular manifestations occurring during treatment with anti-TNF, including new or recurrent articular manifestations. Characteristics of patients with paradoxical articular manifestations (defined as inflammatory articular symptoms occurring while IBD was in remission, without immunization against anti-TNF) were compared to that of patients without articular manifestations to identify factors associated with their occurrence.

Results: Through a systematic search of all IBD patients seen in our tertiary hospital between February 2013 and May 2017, we identified 442 patients (36.2±15 years, 50.5% men) who had ever received an anti-TNF for IBD: Crohn’s disease (n=277), ulcerative colitis (154) and undetermined colitis (n=11). 74 (16.7%) had already a history of inflammatory articular manifestations including 37 patients with a diagnosis of spondyloarthritis (SpA) made before anti-TNF’s beginning.

Among them, 115 (26%) patients developed a new articular manifestation after a mean of 20 (±22) months of treatment: mechanical in 56 (12.6%) and inflammatory in 59 (13.3%). Within patients with new inflammatory articular manifestations: 39% were paradoxical, 27% were concomitant of an IBD flare, 27% were associated to an immunization against anti-TNF, 3% were induced lupus, 2% were chondrocalcinosis and 2% were polymyalgia rheumatica. Articular manifestations associated to an immunization were linked to a loss of efficiency of the treatment for 62%, with (42%) or without (20%) associated other outcomes assessed (Table 1).

Conclusion: Articular manifestations occurred in about 13% of patients treated with anti-TNF for IBD. More than a quarter were linked to an immunization against anti-TNF, which has to be searched in this situation. Less than half of them (39%) were paradoxical. In most of cases, they were transitory and did not require anti-TNF’s discontinuation. The only predictive factor of paradoxical articular manifestations was having a history of SpA.

References:

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Conclusion: Despite only few sex differences in patient characteristics in nr-axSpA, response rates to TNFα inhibitors are significantly lower in women than in men.

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Table 2. Response rates of women versus men after 1 year of treatment with a first TNFα inhibitor

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Unadjusted analyses</th>
<th>Adjusted analyses</th>
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<tr>
<td></td>
<td>Women</td>
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</tr>
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<tr>
<td>BASDAI50</td>
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<td>ASDAS improv. ≥2</td>
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<tr>
<td>ASDAS ≥1</td>
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<td>49</td>
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<tr>
<td>ASDAS improv. ≥1.1</td>
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Background: Patients with non-radiographic axial spondyloarthritis (nr-axSpA) experience impairments in health-related quality of life comparable to those seen in ankylosing spondylitis, including impacts on work productivity, backizumab (IXE) is a high-affinity monoclonal antibody that selectively targets interleukin-17A and effectively treats axial spondyloarthritides. 1,2,3

Objectives: This analysis evaluated the effect of IXE treatment for 52 weeks on work productivity and activity impairment as measured by absenteeism, presenteeism, overall work impairment, and activity impairment in patients with active nr-axSpA.

Methods: COAST-X (NCT02757352) was a phase 3, multicenter, randomized, double-blind, placebo-controlled, parallel-group outpatient study investigating the efficacy and safety of 80 mg IXE every 2 weeks (Q2W) and every 4 weeks (Q4W) compared to placebo (PBO) in 303 patients naive to biologic disease-modifying anti-rheumatic drugs with active nr-axSpA during a 16-week run-in period. From Weeks 16 through 44, if patients’ disease activity required escalation of treatment at investigator discretion, patients were switched to open-label IXE Q2W or subsequent tumor necrosis factor inhibitor treatment. Analysis was performed for the intent-to-treat population, including data up to the time of biologic switching. This analysis evaluated the effect of IXE treatment for 52 weeks on work productivity and activity impairment as assessed by absenteeism, presenteeism, overall work impairment, and activity impairment in patients with active nr-axSpA.

Results: A phase 3, multicenter, randomized, double-blind, placebo-controlled, parallel-group outpatient study investigating the efficacy and safety of 80 mg IXE every 2 weeks (Q2W) and every 4 weeks (Q4W) compared to placebo (PBO) in 303 patients naive to biologic disease-modifying anti-rheumatic drugs with active nr-axSpA during a 16-week run-in period. From Weeks 16 through 44, if patients’ disease activity required escalation of treatment at investigator discretion, patients were switched to open-label IXE Q2W or subsequent tumor necrosis factor inhibitor treatment. Analysis was performed for the intent-to-treat population, including data up to the time of biologic switching. This analysis evaluated the effect of IXE treatment for 52 weeks on work productivity and activity impairment as assessed by absenteeism, presenteeism, overall work impairment, and activity impairment in patients with active nr-axSpA.

Conclusion: Patients with nr-axSpA treated with either IXE regimen had significant improvements in activity impairment compared to PBO. Patients receiving IXE Q4W also had significant improvements in presenteeism and overall work impairment.

References:

Figure. Changes from baseline in A) Absenteeism, B) Presenteeism, C) Overall Work Impairment, and D) Activity Impairment.

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