Background: Treatment options for psoriasis (PsO) and psoriatic arthritis (PsA) have evolved significantly since the era of biologics. Clinical trials (mainly placebo-controlled for 12 to 16 weeks) are inadequate to assess the relative long-term efficacy of biologics and are often insufficient regarding safety.

Objectives: To assess the long-term persistence of different biologic classes to treat PsA and PsO.

Methods: This nationwide cohort study involved the administrative healthcare database of the French health insurance scheme linked to the hospital discharge database. We included, in two subcohorts, all adults with PsA and those with PsO, who were new users of biologics (not in the year before the index date) during 2015-2019. We excluded patients hospitalised for PsO in the PsA cohort and for PsA in the PsO cohort in the year before the index date. Persistence was defined as the time from biologic initiation to discontinuation and was estimated by the Kaplan-Meier method. Comparison of persistence by biologic class involved using propensity score-weighted Cox models (IPTW) and adjustment on specific systemic non-biologics (time-dependant variables).

Results: We included 6,531 patients with PsA (mean age 49±13 years, 45% male): 4,976 (76%) starting a TNFi, 803 (12%) an IL12/23i and 754 (12%) an IL17i. We included 16,892 patients with PsO (mean age 53±17 years, 50% male): 10,199 (60%) starting a TNFi inhibitor (TNFi), 3,982 (24%) an IL12/23i, and 2,711 (16%) an IL17i. Overall 3-year persistence rates were 36% and 41% for PsA and PsO (Figure 1). After IPTW and adjustment, IL17i was associated with higher persistence than TNFi for PsA (weighted hazard ratio [HRw] 0.70, 95% confidence interval [95%CI] 0.58-0.85) and PsO (HRw 0.78, 95%CI 0.73-0.83) and IL12/23i had better persistence than TNFi for PsO, who were new users of biologics (not in the year before the index date) during 2015-2019. We excluded patients hospitalised for PsO in the PsA cohort and for PsA in the PsO cohort in the year before the index date. Persistence was defined as the time from biologic initiation to discontinuation and was estimated by the Kaplan-Meier method. Comparison of persistence by biologic class involved using propensity score-weighted Cox models (IPTW) and adjustment on specific systemic non-biologics (time-dependant variables).

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Conclusion: Differing treatment responses to drugs with various types of action across RA, AxSpA, PsA and psoriasis emphasize that although these diseases have many overlaps in their pathogenesis, there is a need for an individualized treatment approach that considers the underlying disease, patient profile, and treatment history.

REFERENCES:

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