

CAUSES OF BIOTHERAPY DISCONTINUATION IN RHEUMATOID ARTHRITIS

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○ **Introduction:**

- The advent of biotherapies has revolutionized the management of chronic inflammatory rheumatic diseases.
- However, in some situations, their temporary or definitive discontinuation is necessary.

○ **Objective:**

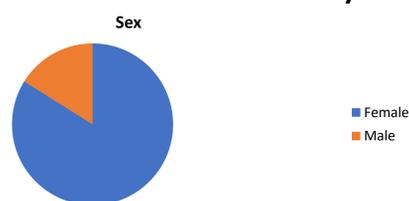
- The aim of our study is to analyze the reasons for discontinuation of biotherapies in rheumatoid arthritis.

○ **Methods:**

- We retrospectively analyzed the files of patients with rheumatoid arthritis (RA) treated with biotherapies between 2000 and 2021.
- We recorded the following data:
 - Epidemiological characteristics
 - Indications for biological treatment
 - Duration of treatment
 - Reasons for discontinuation

○ **Results:**

- 118 patient records were analyzed:



- The mean age was 56.86 years [range: 28–81 years].
- Anti-TNF α therapy was prescribed in 67 cases:
 - Infliximab: 27 cases
 - Etanercept: 16 cases
 - Certolizumab: 13 cases
 - Adalimumab: 9 cases
 - Golimumab: 2 cases

- Anti-IL6 and anti-CD20 therapies were prescribed in:

- 24 cases (anti-IL6)
- 27 cases (anti-CD20)

- Discontinuation of biotherapy occurred in 54 cases:

- Anti-TNF: 37 cases (68.51%)
- Anti-CD20: 15 cases (27.7%)
- Anti-IL6: 2 cases (3.7%)

- Discontinuation by anti-TNF molecule:

- Infliximab: 19 cases
- Etanercept: 10 cases
- Adalimumab: 4 cases
- Certolizumab: 3 cases
- Golimumab: 1 case

- Causes of discontinuation:

- Adverse effects: 56% of cases

Adverse effects :	Cases :
Infections	57
Skin reactions	4
Systemic allergic reactions	2
Neutropenia	2
Hepatic cytolysis	1

- Lack of effectiveness: 54 cases

○ **Conclusion:**

- Biotherapies have transformed the prognosis of refractory forms of RA.
- The frequency and severity of adverse effects can be reduced by:
 - Respecting the pre-therapeutic assessment
 - Providing rigorous patient education
 - Ensuring careful follow-up