PSORIASIS

CAN WE ACHIEVE LONG-TERM OPTIMIZATION OF OUTCOMES WITH FLEXIBLE ADALIMUMAB DOSING OR DISCONTINUATION IN STABLE PATIENTS WITH MODERATE TO SEVERE PLAQUE PSORIASIS?

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Background: The tumor necrosis factor-α inhibitor, adalimumab, is approved to treat moderate-to-severe plaque psoriasis (40 mg every-other-week). Published evaluations of skin disease signs and DLQI upon therapy withdrawal in psoriatic patients are limited to results of drug withdrawal after short-term treatment. No current guidelines are available on long term management of stable patients with PASI 0 and DLQI 0.
As the long term effects of biologics still remain unknown and the lifelong course of psoriasis we need a new approach in targeting stable patents.

Observation: We treated five patients (n=5) with Adalimumab who had been stable and clear for 12 months by increasing the time interval between injections. Three patients received adalimumab three weekly and two patients four weekly. All patients remained stable with PASI 0 and DLQI 0 at mean of 32 months follow up.
We also had two patients on Adalimumab as a first line biologic who stopped therapy after an average of 24 months of being stable with DLQI 0 and PASI 0. One remained stable with PASI 0 and DLQI 0 at 24 months and the other patients had a PASI OF 2.2 and DLQI 0 of at 28 months follow up.

Key message: We demonstrate that in a case series of five patients we achieved sustainable results in increasing the frequency of injection in patients who are stable for longer than 12 months on adalimumab. We also shown our experience in two patients who remain clear or almost clear on long term follow up after cessation of treatment. Treatment modifications, including dose reductions, discontinuations and restarts of biologics may be necessary in the management of psoriasis but the patterns of usage are currently incompletely defined warning further research. This will reduce the risk of potential long term side effects while providing a health economic benefit.