PSORIASIS

EFFICACY AND SAFETY OF USTEKINMAB IN TREATMENT OF PSORIASIS: A REAL WORLD DATA

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Introduction: TNF-α, interleukin [IL]-12/ IL-23 and IL-17 antagonists are commonly used for treating psoriasis patients refractory to conventional agents. Since patients recruited in clinical trials and study design differ from real life situation, data on their effectiveness derived from controlled studies is weakened, making real life experience valuable.

Objective: To provide data on efficacy, safety and durability of ustekinumab treatment in psoriasis patients.

Materials and Methods: A multicenter retrospective study included files of 374 plaque psoriasis patients aged, ≥18, receiving at least two doses of ustekinumab. Patient characteristics, co-morbidities, PASI50, 75, 90 responses and drug survival rates were assessed.

Results: Among 218 male and 156 female psoriasis patients aged 46±13 years, obesity(35%) was the most prevalent co-morbidity followed by hypertension (18%), psoriatic arthritis(14.4%), dyslipidemia(14%) and diabetes(12%). 38.6% of patients were current smokers. Significant PASI improvement was obtained after 3 months (15.9±9.2 and 3.8±4.7; p<0,001). PASI 90 and PASI 75 responses at third month were achieved in 42.5% and 59% of patients and were maintained at 15th month among 43% and 70% of patients, respectively. Whereas 89.7% of patients maintained treatment, 11.3% were found to

discontinue. The most common cause for discontinuation was primary inefficacy (44%), followed by secondary unresponse (23%), incompliance (10%) and adverse effects (5%). Psoriatic arthritis and obesity were found to be related to treatment cessation. No treatment related severe adverse effects were seen and hypertension, pseudotumor cerebri and flushing after injection were observed in one patient each.

Conclusions: In line with data derived from several registries, ustekinumab has been found to be safe, effective and have durable response in real life settings, making this agent a good first line biologic to consider. Since obesity and arthritis were found to be associated with higher treatment failure, closer follow up may be necessary in these patients.