PSORIASIS

FACTORS THAT COULD INFLUENCE OUR CHOICE FOR INITIATION OF APREMILAST OR METHOTREXATE FOR PSORIASIS

Ac Fougerousse [1] - F Maccari [2] - J Parier [3] - C Boulard [4] - Pa Becherel [5] - N Quiles-tsimaratos [6] - T Le Guyadec [7] - D Thomas-beaulieu [8] - B Halioua [9] - E Begon [10] - M Bastien [11] - Jl Perrot [12] - V Pallure [13] - M Steff [14] - P Bilan [15] - P Pfister [9] - A Vermersch [16] - T Boyé [17] - L Mery-bossard [18] - H Maillard [19] - M Kemula [9] - C Girrad [20] - C Poiraud [21] - Jb Monfort [22] - I Kupfer [23] - M Perrussel [24] - D Lons-danic [25] - N Sultan [26] - E Mahé [27] - Gem Resopso [28]

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Apremilast was commercialized in France in october 2016 with a marketing authorization almost similar to methotrexate.
The aim of this study was to determine the patient's profile in whom treatment by apremilast or methotrexate was initiated for psoriasis.
IniBio2 was a non-interventional, cross sectional, multicenter study performed from January to March 2018 in 32 French dermatology centers (hospitals n=23, private practitioners n=9). We consecutively included all adults who consulted for psoriasis, and who were started methotrexate or apremilast between october 2016 and January 2018.
Evaluation included informations on age, gender, disease duration, type, severity of psoriasis (PGA), psoriasic arthritis, previous treatments for psoriasis, cardiovascular and

metabolic comorbidities, smoking status and depression.
We included 575 patients. Sex ratio (M/F) was 1.26. Univariate analyses showed that apremilast was used in older patients (54.7 years versus 47.1 for methotrexate, p<0.0001) with an older age of onset of psoriasis (35.3 years versus 31.9 for methotrexatre, p=0.02). Sex, existence of psoriasic arthritis, type, severity of psoriasis, smoking status, obesity and place for prescription had no influence on treatment's choice. Methotrexate was preferred for patients without any systemic treatment the 6 months before (p<0.001). Patients with dyslipidemia (p=0.0007), hypertension (p=0.006), depression (p=0.02), cardiovascular disease (p=0.02), cancer (p=0.0002) and those who have been treated with phototherapy (p=0.01), acitretin (p<0.0001), methotrexate (p<0.0001), etanercept (p=0.01), adalimumab (p=0.01) and ustekinumab (p=0.001) received more frequently apremilast.
Our multivariate analyses retained older age (p< 0,0001, OR 1.04 [1.02-1.05]), cancer (p=0.01, OR 2.34 [1.20-4.74]) and use of systemic treatment the 6 months before (p< 0,0001, OR 3.0 [1.96-4.66]) as significantly associated with the prescription of apremilast.
In our study, apremilast was initiated after failure of at least one systemic treatment and prefered for patients with history of cancer in which biologics were contra-indicated and for older patients often considered as fragile.