



BIOLOGIC MONOTHERAPY (BMT) AS A TREATMENT PATTERN IN RA PATIENTS IN A DEVELOPING COUNTRY.

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Background: In DMARD-IR RA patients, biologic drugs in combination therapy (CT) plus MTX remains the standard of care.

However in some scenarios (ie. DMARD's intolerance, non-compliance) BMT appears as a therapeutic option. These information is known for the develop world but is unclear in developing countries with different prescription patterns (1)

Objectives: To assess the proportion of RA patients currently being treated with BMT in our country and to analyze the reasons that originated this treatment pattern.

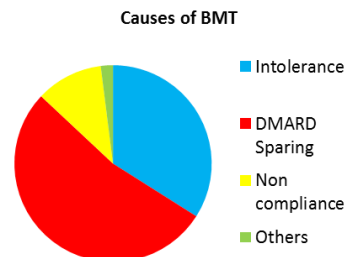
Methods: This is a cross-sectional analysis of data obtained from medical charts of DMARD-IR RA patients treated in several Rheumatology centers distributed around our country. The proportion of patients, the causes that motivated this therapy selection and the physician's satisfaction with BMT as therapeutic approach was also investigated. Main causes of DMARDs discontinuation were also assessed.

Results: This study involved 1148 patients from 32 Rheumatology centers. Main demographic characteristics were: age 54 ± 13 years, female sex 81%, mean length of the disease 12 ± 9 years. Patients receiving BMT represented 21.4% of the sample size (246/1148 patients)

Table 1

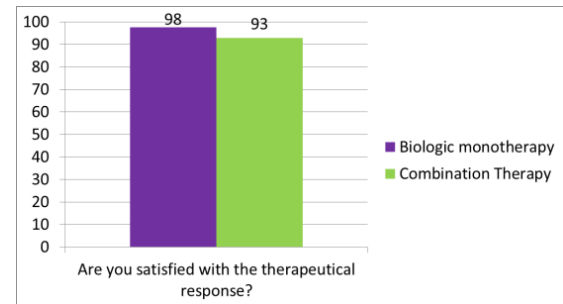
Patients	n	% (CI 95%)
Total	1148	100
Biologic Monotherapy	246	21.4 (19-23)
DMARD discontinuation	111	45 (38-51)
DMARD Sparing	89	35 (30-42)
Non-Compliance	27	11 (7-15)

Graphic 1



MTX was received as concomitant DMARD in 69% of the patients. Mean dose of MTX was 15 mg/week. MTX discontinuation was explained by hepatotoxicity and gastric intolerance in 60% of the cases. BMT was more frequent with the first biologic drug vs the second (65 vs 35%) A previous study involving 18 centers and 888 performed in 2011 showed very similar results (data not shown) BMT as initial therapy represented 10 % of the sample size.

Graphic 2



Conclusions:

- A significant proportion of RA patients in our country are treated with a BMT approach.
- MTX intolerance and physician's decision due to good evolution explains 80% of the cases.
- BMT treatment seems to be an accepted therapeutic approach in our medical community, both as initial therapy or as a part of a sparing strategy
- Patterns of BMT for RA patients in a developing country seem to mirror that observed in the developed one

1. Heiberg MS et al. Arthritis Rheum. 2008 Feb 15;59:234-40; Soliman MM, et al. Ann Rheum Dis 2011; 70:583-589; Listing J, et al. Arthritis Res Ther 2006; 8:R66; Askling J, et al. Ann Rheum Dis 2007; 66:1339-1344; Mariette X, et al. Rheumatology 2011;50:222-229; Yazici Y, et al. Bull NYU Hosp Jt Dis 2008; 66:77-85; Lee SJ, et al. J Rheumatol 2009; 36:1611-1617; Sarzi-Puttini P, et al. Reumatismo, 2008; 60:290-295.

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