



IS PASI 90-100 THE MOST IMPORTANT GOAL FOR DEFINING THE CHOICE OF IMMUNOBIOLOGICAL IN MODERATE TO SEVERE PSORIATIC DISEASE? FOLLOW UP OF A MIXED POPULATION FOR 17 YEARS

Cláudia Medeiros Camargo (HUCFF, Rio de Janeiro, RJ, Brasil), Marcia Ramos-e-Silva (HUCFF, Rio de Janeiro, RJ, Brasil), Sueli Carneiro (HUCFF, Rio de Janeiro, RJ, Brasil)

BACKGROUND

In recent years, with the emergence of new drugs such as anti-interleukins for psoriasis, much has been discussed about PASI therapeutic targets and today, it is considered ideal to achieve a 90-100% improvement of the lesions with biological therapy. The objective is to present real-life data from 100 psoriatic patients treated with anti-TNF and anti- IL23 e IL-12 and followed up for 17 years and their perspectives regarding minimal cutaneous disease

MATERIALS AND METHODS

We included 100 outpatients (45 women and 55 men) from the cutaneous-articular psoriatic disease department of the University Hospital, treated with anti-TNF immunobiological drugs (Etanercept, Infliximabe and adalimumab) and anti IL12 and 23 (Ustequinumabe) from 2001 to 2017 (Figure 1).

Of these, 22% of women and 20% of men had onset of the disease under 30 years. The DLQI, PASI, MDA and VAS scores of patient satisfaction regarding skin improvement were evaluated before and during immunobiological treatment, and a direct question was also asked to patients about the willingness / necessity to change the medication by another immunobiological when the PASI improvement was equal to or slightly less than 75% if the other parameters were compatible with MDA.

RESULTS

Of the 100 patients followed up, only 13 (13%) had PASI 90-100. The other 87% achieved PASI 75. All met the minimum disease activity criteria (maximum regression of the other 5 parameters) and none wanted to change the medication to only increase skin improvement. It is important to emphasize that the socioeconomic level of these patients was low with monthly family income of up to 3 minimum wages. The DLQI was <3 and the patient satisfaction with VAS was > 8. Sixty percent of the patients would accept the exchange of medication if it was medical advice (adverse prognostic factors). The mean drug retention rate was 47 months ($p < 0.05$), with 10% of patients with more than 96 months of use (Figure 2).

CONCLUSION

In a chronic illness such as psoriasis where it may be necessary to use several drugs in sequence in order to prevent irreversible joint damage and often necessary suspension due to adverse events or failure, an immunobiological exchange should be carefully indicated, aiming at minimum disease activity and always analyzing the patient's perspective regarding skin improvement.