Safety issues of infliximab in treatment of rheumatoid arthritis

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Objective: to assess the tolerance of infliximab in patients with rheumatoid arthritis (RA).
Material and methods: The annual study included 135 patients (114 women) with active RA. 105 patients received methotrexate 7.5-25 mg/week, 23 patients received other disease-modifying antirheumatic drugs (DMARDs). To seven patients infliximab was prescribed without associated DMARDs. 22.2% of patients dropped out of the study due to inefficiency of infliximab.
Results: Adverse events (AE) were reported in 28.1% of patients. Infusion reactions were often observed (15 patients, 11.1% of cases). AE that did not require cancellation of the drug were reported in 4 patients (2.9%). In 19 patients (14.1%) there were serious AE, and in one case the death of the patient was recorded for a reason unrelated to the treatment of infliximab. Allergic and anaphylactoid reactions (in 8 patients) were most frequent. Another most frequent occurrence were serious infections, observed in 7 patients (5.2%). In two patients (1.5%) we observed cardiological symptoms. In two cases (1.5%), the cancellation of infliximab was associated with skin lesion. A significantly higher percentage of AE was observed on combined therapy of leflunomide and infliximab (37.5%). There were no significant differences in the incidence of AE between the infliximab monotherapy groups and the combination therapy (infliximab+ methotrexate).
Conclusion: Infliximab is safe for use in actual clinical practice, but patients should be informed of the risks of AE and the need to be examined by a rheumatologist before each infusion

Biography

Aronova Eugenia, author of 60 publications, including one monograph ("BDMARDs in the treatment of rheumatoid arthritis", ed. E. L. Nasonov, 2013), Hirsch index 4, member of the Association of rheumatologists of Russia.

Research interests: rheumatoid arthritis, bDMARDs, pharmacoeconomical aspects of treatment of bDMARDs, adverse events that occur against the background of antirheumatic therapy.

I see prospects for further work in the study of pharmacoepidemiological nuances of treatment of bDMARDs in Russia, which in the future will help to draw conclusions about the economic feasibility of various strategies for selecting anti-rheumatic therapy.