EPIDEMIOLOGICAL PROFILE OF PATIENTS USING SECUKINUMAB IN A TERTIARY HEALTH CARE SERVICE

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BACKGROUND

Secukinumab (SEC) is a human monoclonal antibody that inhibits IL-17A. It is effective in controlling signs/symptoms of psoriasis (PsO), psoriatic arthritis (PsA) and axial spondyloarthritis (SpA), in refractory patients, in those who had adverse effects to immunobiologicals and also in those naïve to immunobiological drugs. The aim of this study is to evaluate clinical and epidemiological characteristics of patients using SEC, with follow-up in psoriasis and spondyloarthritis clinics in a tertiary hospital.

METHODS

Retrospective medical record review study, including 37 patients who met classification criteria for PsO, PsA and SpA, and used at least five SEC injections (induction dose) between 01/2017 and 06/2021, in a tertiary hospital.

RESULTS

Thirty-seven patients were divided into two groups: 23 with PsO (8) or PsA (15) (group 1) and 14 with SpA (group 2). Sixty-five percent of group 1 patients were female. The mean age was 55.3 years old and average time of diagnosis was 8.5 years; 66.7% of PsA patients had isolated arthritis, 13% enthesitis and 7% isolated dactylitis; 53% of the patients showed axial symptoms in association with peripheral harm; 4% of patients had history of uveitis and 9% inflammatory bowel disease (IBD). Secukinumab was indicated by active disease in 74% of the patients and suspended for secondary failure in 9% of the cases. Average treatment time was 22 months (standard deviation, SD = 13.71). Of group 2, 57% of patients were male. The mean age was 46.9 years old and average time of diagnosis was 12.1 years; 14% of the cases had arthritis, 14% enthesitis and 14% arthritis plus enthesitis, beyond axial disease; 36% of the patients had uveitis and 7% IBD in their medical records. Secukinumab was indicated by active disease in 86% of the patients and suspended for secondary failure in 14% of the cases. Average treatment time was 24 months (SD = 11.32). One patient had fungal vulvovaginitis, without the need to interrupt medication. There were not flares or reactivation of uveitis or IBD. There was statistically significant difference regarding the initial presence of uveitis in group 2 (36% vs. 4%, $p = 0.02$) and older ages in group 1 (55.3 vs. 46.9, $p = 0.039$).

CONCLUSION

In the studied patients, similar characteristics were observed regarding demographic data, indication, time of use and discontinuation rates of SEC. In this real-life study, the medication was shown to be safe and effective, as well as in large clinical trials.

KEYWORDS

Secukinumab, Spondyloarthritis, Psoriatic arthritis, Psoriasis.