Infliximab in refractory psoriatic arthritis with severe psoriasis: a 2-year experience

Paraskevi V Voulgari, Aliki I Venetsanopoulou, Efstratios K Epagelis, Yannis Alamanos, Ioanna Takalou and Alexandros A Drosos


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Infliximab was shown to be effective and safe in controlled trials of psoriatic arthritis (PsA).\(^1\)--\(^4\) In an open-label study, we reported a notable clinical benefit accompanied by clearing and healing of psoriatic skin lesions.\(^5\) Thus, we conducted this study to evaluate the efficacy and safety of infliximab in patients with active PsA and recalcitrant psoriasis in whom treatment with disease-modifying antirheumatic drugs had failed. Thirty-two patients who had a negative purified protein derivative skin test and normal chest radiographs were included. All had an active disease, defined as \(>6\) tender or swollen joints count, psoriasis area and severity index (PASI) score \(>10,^6\) and erythrocyte sedimentation rate \(>28\) mm Hg/h or C reactive protein concentration \(>10\) mg/l. The end points were the percentage of patients who achieved the psoriatic arthritis response criteria (PsARC)\(^7\) and improvement in PASI. Patients were treated with infliximab (5 mg/kg weight) at weeks 0, 2 and 6 and every 8 weeks thereafter for a period of 2 years. If the clinical response was insufficient, the interval between infusions was shortened to 6 or 4 weeks. The clinical response according to the American College of Rheumatology (ACR) criteria,\(^8\) and the disease activity for 28-joint indices score were recorded.\(^9\)

Table 1 shows the clinical and laboratory data. After the first year of treatment, PsARC was achieved by 26 of 32 (81.25%) patients, PASI 70% by 27 of 32 (84.4%) patients, and PASI 90% by 26 of 32 (81.25%) patients. After the second year, PsARC was achieved by 23 of 32 (71.9%) patients, and PASI 70% and 90% by 24 of 32 (75.0%) patients. The response to treatment was rapid, and, after 6 months of infliximab treatment, in most of the patients the skin lesions were cleared and healed. This clinical improvement was sustained for 2 years (fig 1). A similar clinical response was seen on applying the ACR response criteria. A significant reduction in disease activity for 28-joint indices score and acute-phase reactants was noted. After the first year of treatment, 84.4% of patients continued with infliximab. This rate was 75% after the second year. Eight patients discontinued infliximab treatment: five patients due to allergic reactions, one due to lack of efficacy and two were lost to follow-up.

These results are in agreement with previous studies.\(^1\)--\(^4\) However, our results differ somewhat from those of other investigators, who assessed primarily the articular component of the disease and, to a lesser extent, the cutaneous manifestations. In addition, no infliximab survival rates have been obtained.
reported so far. Our study is the first in which only patients with severe PsA with recalcitrant psoriasis were included. We showed considerable improvement of PsARC and ACR clinical response with healing of the psoriatic skin lesions, which was sustained for 2 years. Another point is the high rate of infliximab survival after treatment. This is probably related to the combination treatment, especially the use of methotrexate and ciclosporin. We conclude that infusions of infliximab in severe PsA with recalcitrant psoriasis led to a marked clinical response which was sustained over 2 years, and the infliximab survival rate was 75%.

Authors’ affiliations
Paraskevi V Voulgaris, Aliki I Venetsanopoulou, Efstratios K Epagelis, Ioanna Takalou, Alexandros A Drosos, Rheumatology Clinic, Department of Internal Medicine, Medical School, University of Ioannina, Ioannina, Greece
Yannis Alamanos, Department of Hygiene and Epidemiology, Medical School, University of Ioannina, Ioannina, Greece

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Correspondence to: Professor A A Drosos, Rheumatology Clinic, Department of Internal Medicine, Medical School, University of Ioannina, 45110 Ioannina, Greece; adrosos@cc.uoi.gr

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