THE USE OF ETANERCEPT FOR TREATMENT OF PSORIASIS IN REAL CLINICAL PRACTICE: NON-INTERVENTION OBSERVATIONAL STUDY

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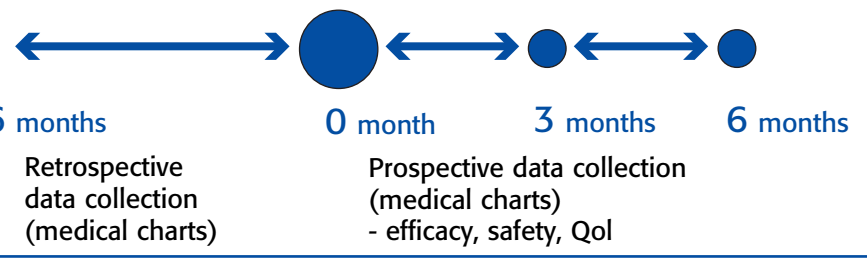
Objectives

Biologic treatment for severe forms of psoriasis proved to be effective and safety treatment in many randomized phase III clinical trials[1,2,3,4]. However, these drugs comprise a great financial burden on health care budget. Therefore, we examined etanercept for treatment of severe forms of psoriasis in real clinical practice and provide more data for etanercept pharmacoepidemiology.

Methods

This was a prospective cohort non-interventional study of phase IV in real clinical practice which included 149 patients enrolled for 6 months. Patients' data were collected via electronic questionnaire. Clinical data, PASI score and BSA index and QoL (expressed with EQ-5D and DLQI) were collected by dermatologists. Results were evaluated in months 0, 3 and 6 of etanercept treatment (see Figure 1).

Figure 1. Design of non-interventional study



Results

Average patients' age was 46.74 years (21-75 years), average time from diagnosis was 24.5 years. Occurrence of psoriatic arthritis was 31.7%. 14.6% of patients were work disabled and 16.3% reported incapacity to work with average duration of 44.3 days in previous 6 months. 46.6% of patients were naive to previous biologic treatment, 16.8% were after previous failure and 36.5% of patients were after successfully finished treatment with biologics within 6 previous months. Previous biologic treatment comprised of adalimumab, infliximab and efalizumab. Patients received etanercept by subcutaneous injection at a dose of 25 mg twice weekly, 50 mg once weekly and 50 mg twice weekly in percentage of 7.6, 82.0 and 10.4, respectively.

Within the observation in 0, 3 and 6 months BSA index decreased from 27.12 to 18.64 to 11.47% (see Figure 2) and PASI score for all patients reduced from 13.69 to 8.09 to 4.97 (for further patients' division according to their previous biologic treatment - see Figure 3). Utility measured according to EQ-5D increased from 0.7674 to 0.8344 and 0.859 and DLQI index decreased from 10.74 to 6.33 and 4.24 in months 0, 3 and 6 (for further patients' division - see Figure 4 and Figure 5). Percentage of patients required inpatient care lowered from 25.8 to 5.0 to 0.66% in months 0, 3, 6 (see Figure 6), additionally average length of stay had shortened from 15.9 to 11 days.

Figure 2. Body Surface Area (BSA) reduction within use of etanercept

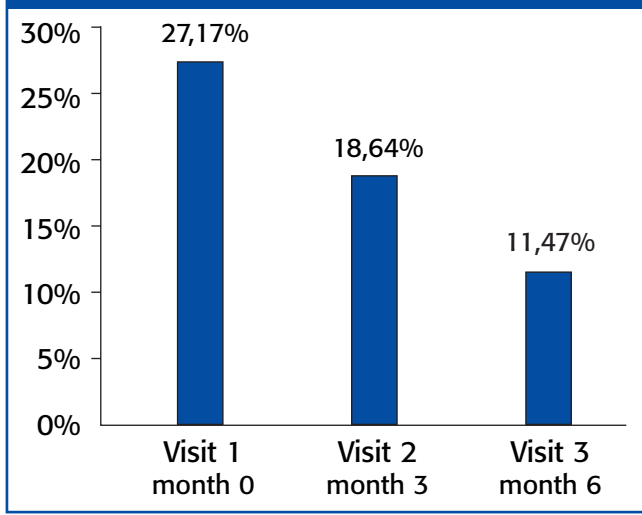


Figure 3. Psoriasis Area and Severity Index (PASI) development within use of etanercept

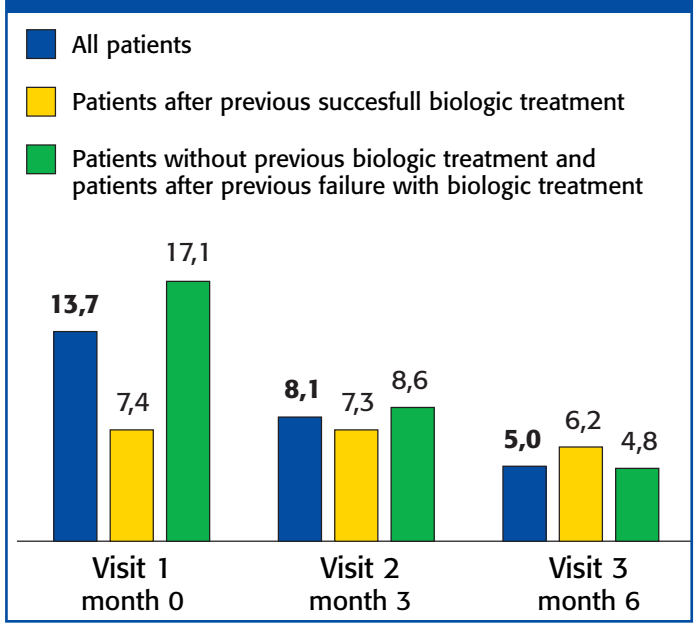


Figure 4. Increasing utility according to EQ-5D

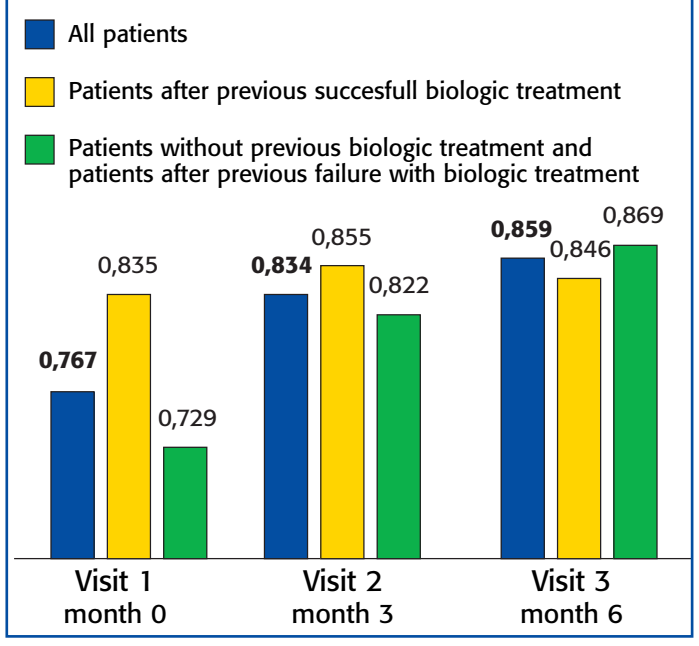
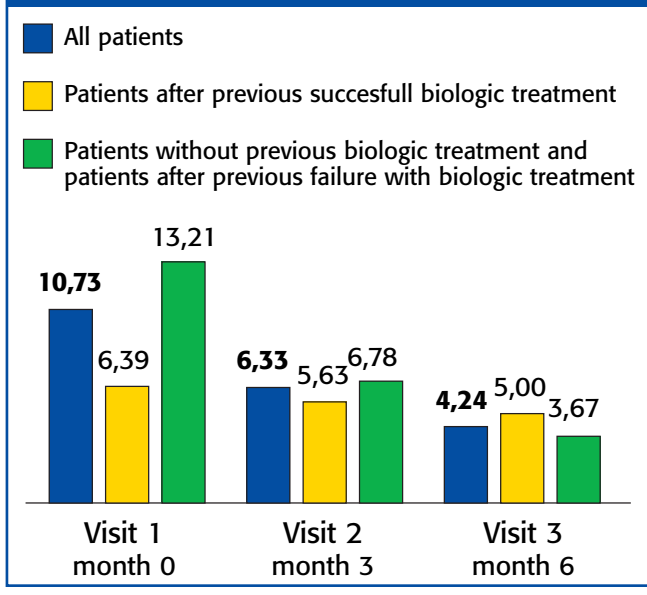


Figure 5. Improvement in Dermatology Life Quality Index (DLQI) within etanercept treatment



Conclusion

Significant clinical effect was observed within 3 and 6 months of etanercept treatment. 88% of psoriasis patients have followed-up after 6 months of etanercept treatment.

Within this study in real clinical practice we achieved comparable or even better results in respect of improvement in clinical and QoL parameters (PASI 75 and DLQI) like in randomized control trial phase III (see Figure 7, Figure 8).

Figure 6. Decreasing percentage of patients required inpatient care within etanercept treatment

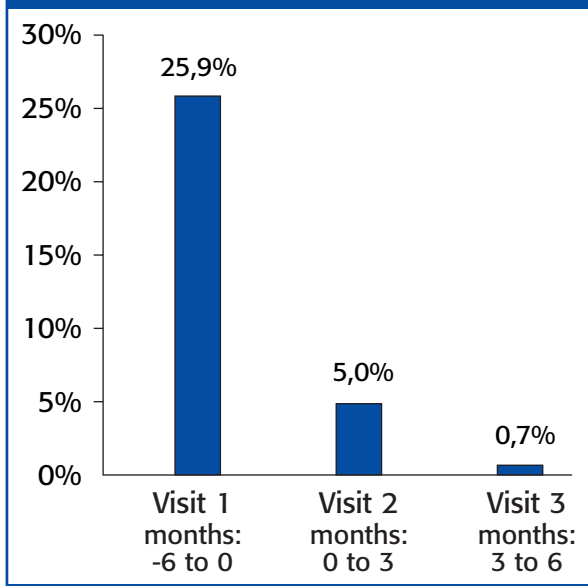


Figure 7. Percentage of patients who achieved PASI 75 within etanercept therapy; comparison of our observational study in real clinical practice with RCT III

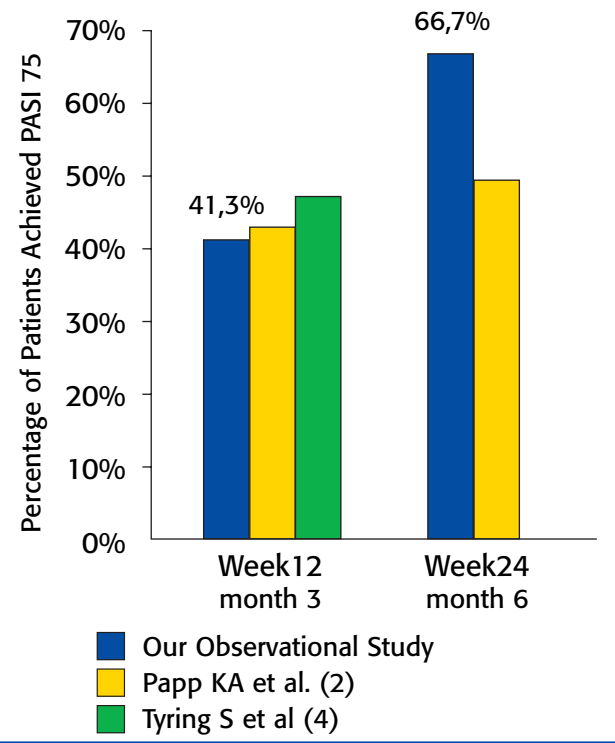
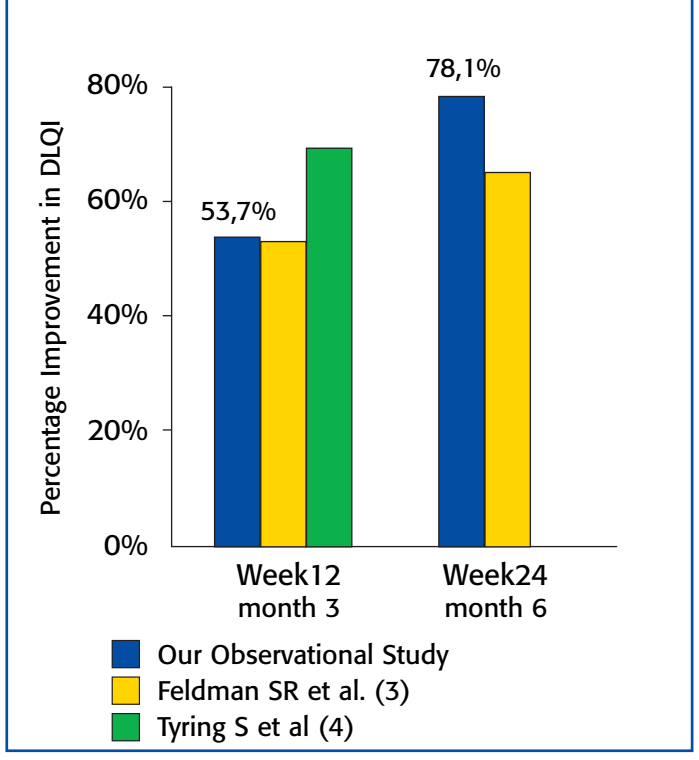


Figure 8. Percentage improvement in DLQI within etanercept therapy; comparison of our observational study in real clinical practice with RCT III



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