REVIEW OF CLINICAL PHARMACOLOGY AND
PHARMACOKINETICS, INTERNATIONAL
EDITION 18: 67 (2004)

Infliximab (Remicade) in the Treatment of Psoriatic Arthritis and Psoriasis: Results of a one Year Open Clinical Study

L. Settas, T. Sfetsios, A. Theodoridou, E. Triantafyllidou and C. Mamali

Rheumatology Unit, 1st Department of Medicine, School of Medicine, University of Thessaloniki, AHEPA General Hospital, 54124, Thessaloniki, Greece

S u m m a r y. This is a retrospective open label clinical study of 26 patients with active psoriatic arthritis and psoriasis. These patients were treated with IV infusions of the anti-TNFa drug Infliximab (Remicade). Dosage was 5 mg./Kgr at weeks 0, 2, 6 and every 6 weeks afterwards for a period of 6 months. After this period, depending on the degree of improvement dosage was reduced to 3-4 mg./Kgr and treatment was given every 8 weeks or more. The total treatment lasted up to 52 weeks. Ten patients also received concomitant methotrexate treatment and five received cyclosporine treatment. The other patients were naïve to disease modifying anti-rheumatic drugs (DMARD's). Patients were on non-steroidal anti-inflammatory drugs (NSAID's) and 14 were also on prednisolone (≤10 mg/day). All patients had active psoriatic arthritis with poliarticular disease (≥5 active joints). The earliest improvement, which was strongly statistically significant, was detected by week 10. By week 16 improvement was at the maximum and was thereafter maintained throughout the study. At week 16 patients had an ACR20 response of 66%, ACR50 was 47% and ACR70 was 27%. At month 6 ACR20 response was 70%, ACR50 was 51% and ACR70 was 31% respectively. At that time only 4 patients continued with previous methotrexate treatment and one with cyclosporine. Two patients continued prednisolone up to 5 mg on alternate days and NSAID's were reduced to periodic usage. A rapid and significant improvement in psoriatic skin lesions was detected by week 16. This was sustained through to week 26 and for the remaining duration of the study. The PASI skin score showed a 50% improvement from baseline in 65% of the patients and 33% had a 75% improvement. At week 52, 29% of patients had 0 tender joints, 27% had no swollen joints and 40% had a HAQ disability score of zero. One patient discontinued treatment because of no improvement by week 18. No serious side effects were reported and treatment was well tolerated by the patients. There were no serious infections or laboratory abnormalities. ANA induction with negative Anti-DNA was observed in a female patient but no clinical signs of SLE. All patients were screened for latent TBC infection. Infliximab therapy was proved very effective with a quick onset of action and no serious side-effects.