

# Drug survival and causes of discontinuation of anti-TNF in ankylosing spondylitis: the Tunisian experience

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**Background:** Ankylosing spondylitis (AS) is a chronic inflammatory disease predominantly affecting the sacroiliac joints and spine. Very limited observational data regarding the long-term survival on treatment are available.

The focuses of this work were to study and to compare drug retention between the 3 anti-TNF marketed in Tunisia.

**Methods:** We achieved a retrospective descriptive and comparative monocentric study, on 23 patients, with AS (according to Amor criteria and ASAS 2009), during 12 years (2004-2015). The patients were treated with at least one anti-TNF, during at least 6 months. Drug survival was analysed by means of Kaplan–Meier curves.

## Results:

<b>Patients</b>	<b>23</b>
<b>Sexe-ratio</b>	<b>4,75</b>
<b>Age (years)</b>	<b>40,7±9,6</b>
<b>Age at disease onset (years)</b>	<b>28,52±11,36</b>
<b>mean disease duration (years)</b>	<b>9,6±7,17</b>
<b>median duration of prescription of anti-TNF therapy (years)</b>	<b>4,25</b>

Reasons of discontinuing	cases
lack of efficacy	3
adverse event	3
lost from follow up	1

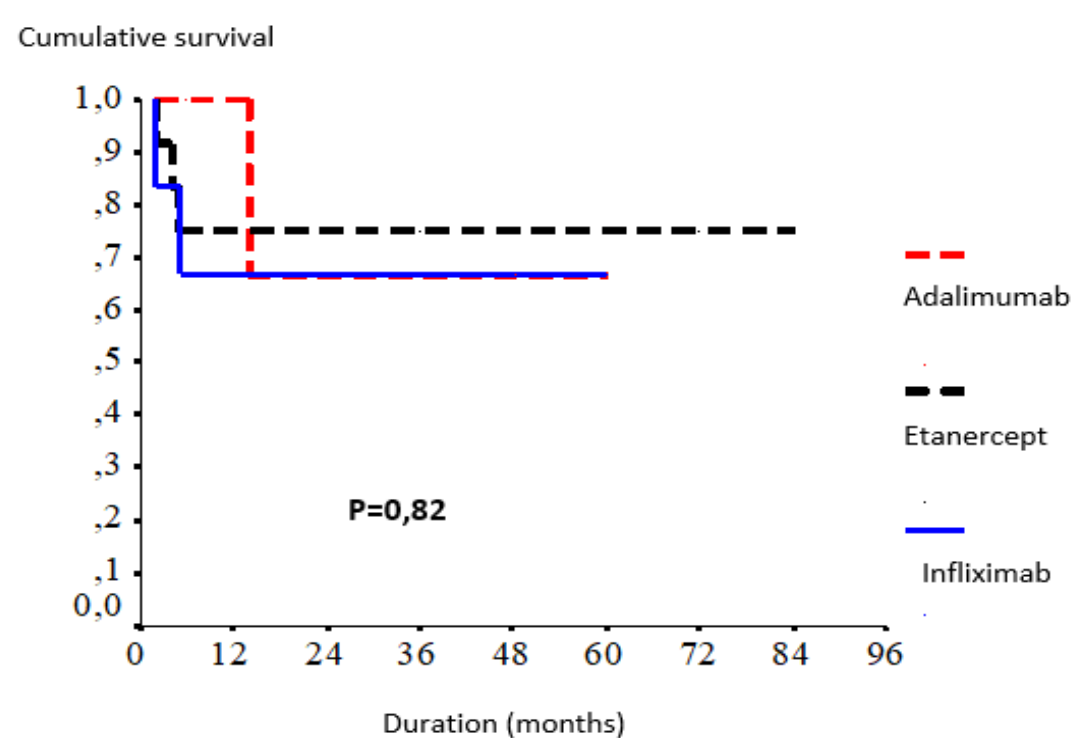
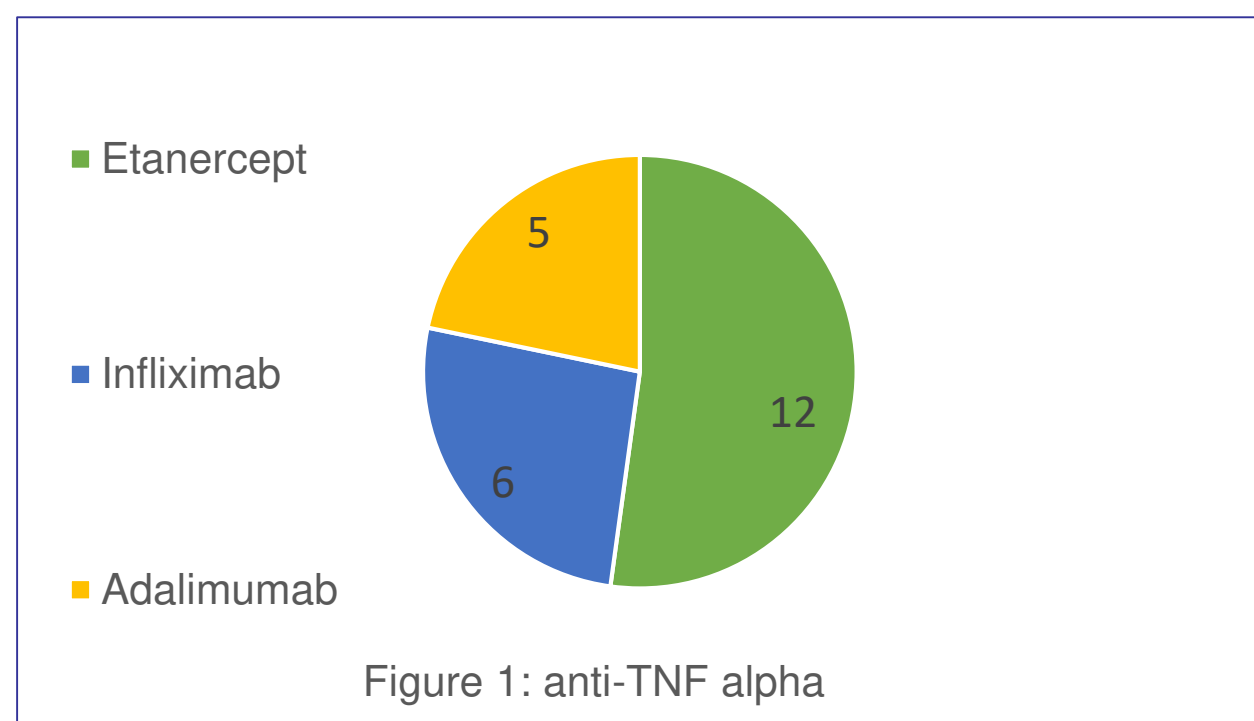


Figure 2: Eight-year drug survival rates by TNF inhibitor in ankylosing spondylitis .



Two patients on ETN discontinued the biological drug because of paradoxical effects, and one patient on IFX discontinued the drug for urogenital tuberculosis.

**Discussion:** Carmona and Gómez-Reino [1] found a 1-year TNF alpha inhibitor survival rate of 88% among 657 Spanish patients with AS, whereas a Norwegian study [2] among 249 patients with AS reported a survival rate of 77,5%. According to the DANBIO registry [3], one- and 2-year survival rates were 74% and 63%, respectively. The crude retention rates were similar among patients receiving IFX, ADA and ETN (p=0.2).

**Conclusion:** This study demonstrated that anti-TNF showed a comparable drug retention in AS treatment. To avoid secondary effects leading to treatment discontinuation, we recommend a close monitoring,

1-Carmona L, Gómez-Reino JJ. Survival of TNF antagonists in spondylarthritis is better than in rheumatoid arthritis. Data from the Spanish registry BIOBADASER. Arthritis Res Ther 2006;8:R72

2- Heiberg MS, Koldingsnes W, Mikkelsen K, et al. The comparative one-year performance of anti-tumor necrosis factor alpha drugs in patients with rheumatoid arthritis, psoriatic arthritis, and ankylosing spondylitis: results from a longitudinal, observational, multicenter study. Arthritis Rheum 2008;59:234–40.

3-Glintborg B, Ostergaard M, Krogh NS, Dreyer L, Kristensen HL, Hetland ML. Predictors of treatment response and drug continuation in 842 patients with ankylosing spondylitis treated with anti-tumour necrosis factor: results from 8 years' surveillance in the Danish nationwide DANBIO registry. Ann Rheum Dis. 2010;69(11):2002-8