

# Drug survival of anti tumor necrosis factor $\alpha$ in patients with spondyloarthritis : The Tunisian experience

**Essafi F, Saidane O, Mahmoud I, Ben Tekaya A, Tekaya R, Abdelmoula L**  
**Department of Rheumatology, Charles Nicolle hospital**

**Objectives:** The aim of this study was to evaluate and to compare drug retention between the 3 anti-TNF marketed in Tunisia.

**Methods:** We achieved a retrospective descriptive and comparative monocentric study, on 26 patients, with spondyloarthritis (SpA) including psoriatic arthritis (psA), enteropathic arthritis (EA), reactive arthritis (ReA) and undifferentiated spondyloarthritis (USpA) (according to ASAS 2009 and CASPAR), during 12 years (2004-2015). The patients were treated with at least one anti-TNF, during at least 6 months. All patients with EA were treated by anti-TNF monoclonal antibodies. Drug survival was analysed by means of Kaplan–Meier curves

**Results:**

<b>Patients</b>	<b>26</b>
Sexe ratio	0,5
Mean age (years)	45,7 $\pm$ 10,77
Mean disease duration (years)	10,16 $\pm$ 8,88
median duration of prescription of anti-TNF therapy (years)	3,24

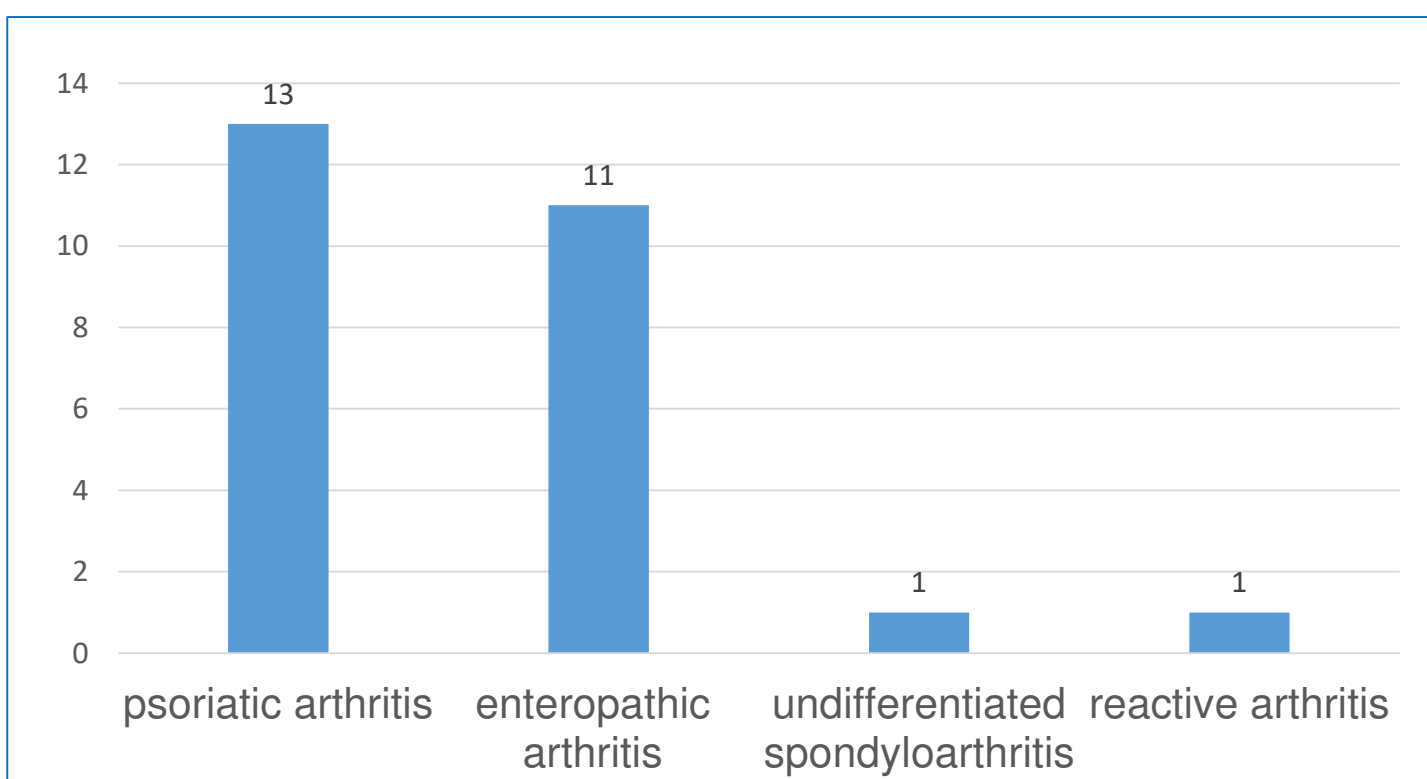


Figure 1: Spondyloarthritis

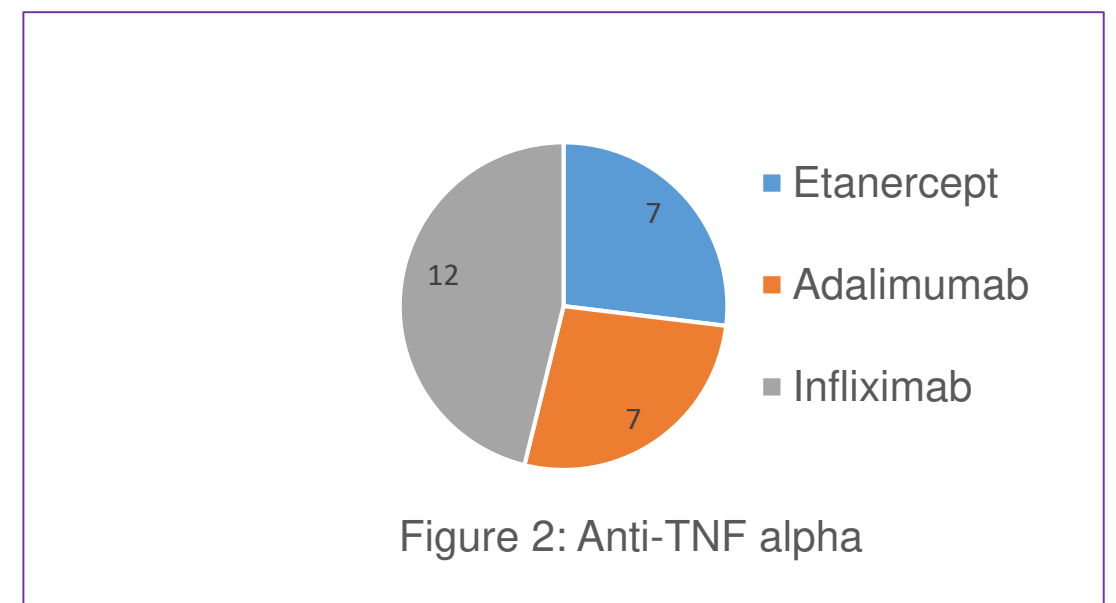


Figure 2: Anti-TNF alpha

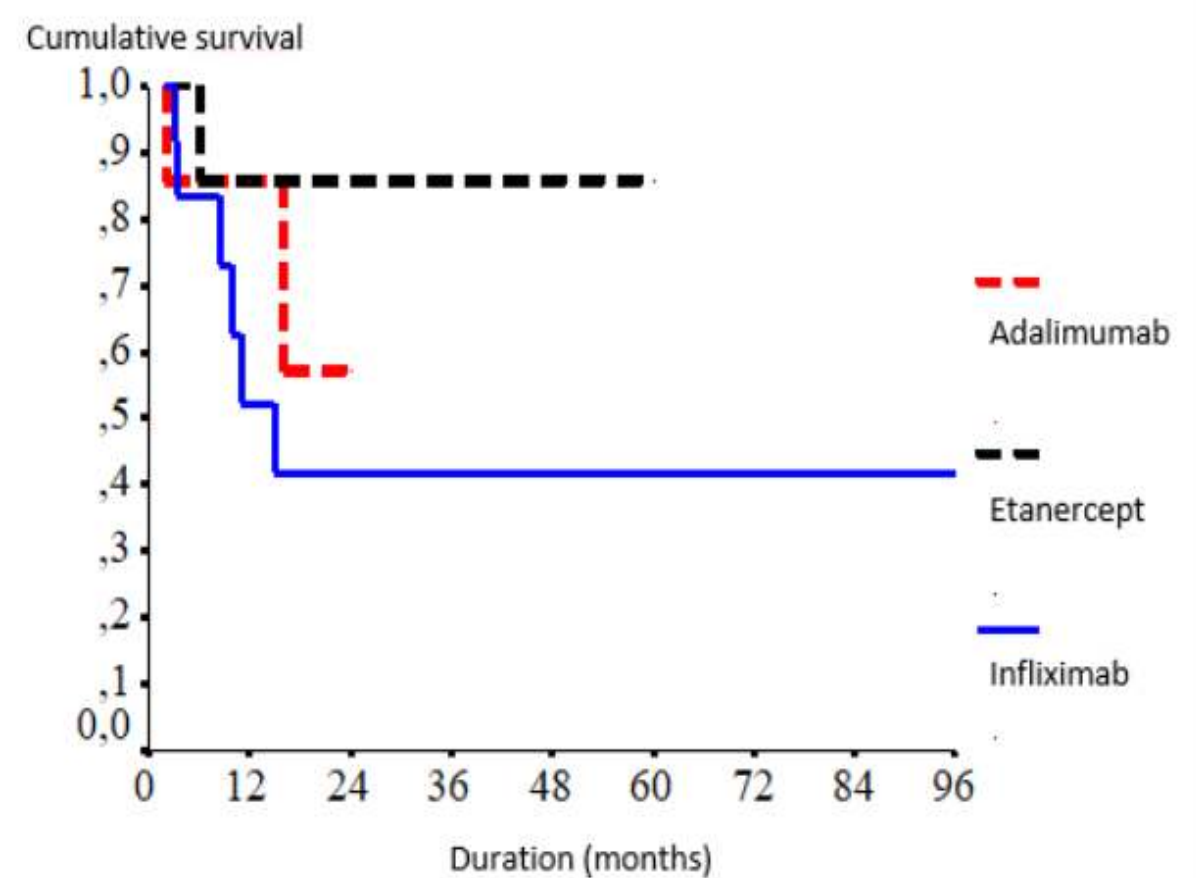


Figure 3: Eight-year drug survival rates by TNF inhibitor in spondyloarthritis

Reasons for discontinuing	cases
lack of efficacy	3
Adverse event	4
Death	1

One case of death occurred in a patient with ReA treated with IFX. The death was due to gastrointestinal bleeding with indomethacin. This incident had no direct or indirect relationship with IFX.

**Conclusion:** This study demonstrated that anti-TNF showed a satisfactory and comparable drug survival in SpA treatment