EARLIER USE OF INFLIXIMAB FOR THE UVEITIS OF BEHÇET'S SYNDROME APPEARS TO BE ASSOCIATED WITH BETTER OUTCOME

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Background:

- Behçet's syndrome (BS) causes panuveitis and retinal vasculitis in about 50% of patients.
- These attacks may cause irreversible vision loss and morbidity if left untreated.*
- Despite intensive treatment, up to 20% of patients may lose useful vision.**
- Both eyes are affected in most patients, and it is known that the prognosis is worse in young males.
- Treatment consists of **corticosteroids, immunosuppressive agents** such as azathioprine and cyclosporine A, and **biological agents** such as interferon-α and anti-TNF agents.***
- Several uncontrolled studies repeatedly suggest the efficacy of IFX for severe uveitis of BS refractory to other agents.
- Factors associated with a better response to IFX are not well-established.
- Changes in the attitudes of physicians towards earlier prescription of biologics may also have an influence on the response to treatment.

Objective:

To assess whether our prescription patterns for biologics have changed over time
To assess whether these changes have any effect on visual outcome

Patients & Methods: Retrospective study

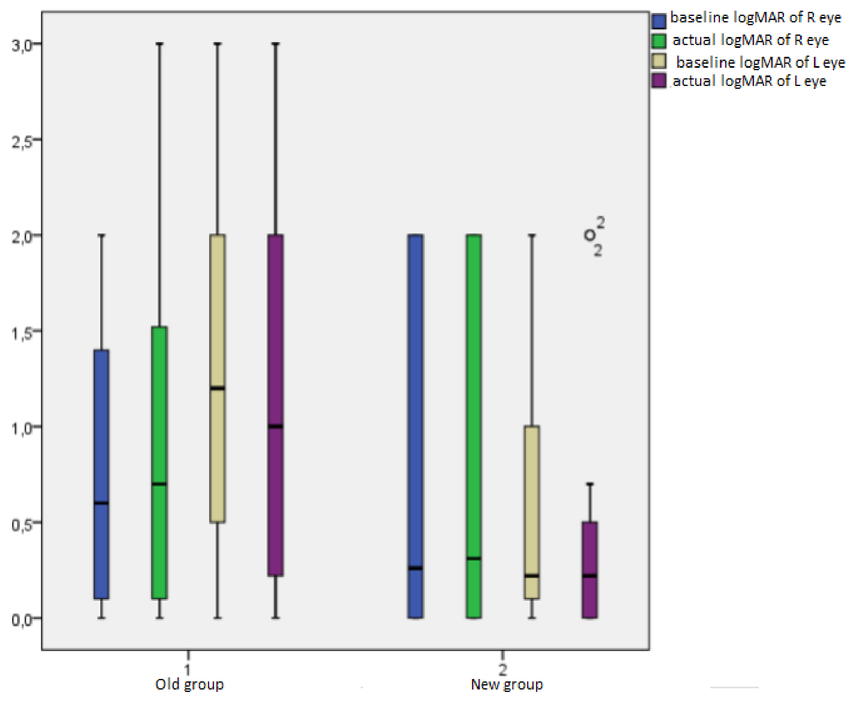
2 groups of patients:

- 15 men, 2 women, receiving IFX (5 mg/kg) for uveitis at our centre after 2013 (New Group)
- 43 patients who started IFX before 2013 (Old Group)*

Results:

	New Group (n=17)	Old Group (n=43)	p value
Men,n (%)	15 (88%)	33 (76%)	
Age at the initation of IFX; mean	33.8 ±7.5	31 ± 8.4	
Disease duration, years	9 ± 5	12.4 ± 5.5	0.027
Uveitis duration, months (median, IQR)	39 (16-94)	72 (45-132)	0.075
Duration of preTNF treatment, months (median, IQR)	26 (10-53)	60 (25-84)	0.012
Baseline logMAR (R eye) (median)	0.3	0.7	0.8
Baseline logMAR (L eye)	0.22	1.2	0.005
Number of patients with no useful vision at baseline (logMAR>1, %)	8 (47%)	29 (67%)	0.23

Visual acuities of both groups at starting IFX and end of study



Adverse events

- In 14 patients:
- Causing discontinuation
- Allergic reactions in 2 patients and tuberculosis (tb) in 1 patient.

Outcome:

- Information on outcome was obtained for 14 patients in the new group
- The duration of IFX treatment: 13.8±7.9 SD months (median 11.5 months)
- Patients with at least one ocular attack:
  - –During 13.8 months before starting IFX: 10 patients (71%)
  - –During the 13.8 months under IFX: 1 patient (7%)

•Conclusions:

- •Our results show a significant trend towards the earlier use of IFX in BS patients with less severe uveitis over time.
- •Earlier use of IFX for BS uveitis appears to be associated with better outcome.
- •Tb still remains a concern of anti-TNF treatment.

References:
*Ozyazgan Y et al. Clin Rev Allergy Immunol. 2015 Dec;49(3):298-306.
**Seyahi et al. Medicine (Baltimore). 2003 Jan;82(1):60-76.
* **Hatemi G et al. EULAR 2008.