PEDIATRIC RHEUMATOLOGY

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PReS-FINAL-2168: Comparison of safety and retention rate of TNF antagonist therapy in juvenile-onset and adult-onset ankylosing spondylitis: data from the spanish registry biobadaser 2.0

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Introduction

Ankylosing spondylitis (AS) is a chronic inflammatory disease that belongs to the group of spondyloarthritis, which involves the spine, peripheral joints and entheses. Juvenile-onset AS affects children under the age of 16 years and present a clinical course different from adult-onset AS. Several randomized clinical trials have shown that TNF antagonists are an effective alternative treatment in adult-onset AS. Similar results have been reported in juvenile-onset AS, but have been fewer studies conducted in this group of patients.

Objectives

To compare the safety and retention rate of TNF antagonist therapy in patients with juvenile-onset and adult-onset AS.

Methods

Analysis of patients with adult-onset and juvenile-onset AS included in the Spanish registry BIOBADASER 2.0 (October 2006 to November 2012). Incidence rates (irs) of adverse events (aes) and rates of discontinuation were compared between both groups.

Results

A total of 686 patients (524 males, 162 females) were included, comprising 33 juvenile-onset AS and 653 adult-onset AS patients. The ages of diagnosis were 11.9 ± 0.7 years and 34.4 ± 0.5 for juvenile-onset and adult-onset AS, respectively. The duration of disease was higher in the juvenile-onset group (17.9 ± 1.9 years) than in the adult-onset group (9.3 ± 0.4) and HLA-B27 positivity was similar in both groups (82.4% and 86.4%, respectively). Axial involvement was higher in adult-onset patients (74.9% vs 63.6%) and peripheral involvement was more common in juvenile-onset AS (45.5% vs 32.5%). The TNF antagonist more frequently used as first treatment was infliximab in both adult-onset (48.5%) and juvenile-onset AS (50%), and sulfasalazine or other DMARD were used concomitantly in 43% and 35.5%, respectively. The irs of aes was largest in adult-onset AS (140.5 events/1000 patient-years, CI 95%: 13.2-15.8) and lowest in juvenile-onset AS (30 events/1000 patient-years, CI 95%: 0.0-1.9), but severe adverse events were similar in both groups (43 events/1000 patient-years, in adult-onset AS [CI 95%: 3.7-5.1], and 44 events/1000 patient-years in juvenile-onset AS [CI 95%: 2.3-7.5]). The rates of discontinuation due to aes and inefficacy were both higher in adult-onset AS (3,7 [CI 95%: 3.1-4.3] and 2,1 [CI 95%: 1.7-2.6], respectively) compared with juvenile-onset AS (2,7 [CI 95%:1,2-5,3] and 1,3 [CI 95%:0,4-3,4], respectively).

Conclusion

The safety and retention patterns of TNF antagonist therapy were similar in adult-onset and juvenile-onset

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AS, but discontinuation due to AE and inefficacy were higher in adult-onset group.

Disclosure of interest

None declared.

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