DSEN ABSTRACT

Disease-modifying anti-rheumatic drugs in ankylosing spondylitis

Summary

- We evaluated the risk of hospitalized infection among initiators of disease-modifying anti-rheumatic drugs (DMARDs) and/or anti-tumour necrosis factor (anti-TNF) agents in ankylosing spondylitis (AS).

Key messages

- We did not find clear evidence that AS patients initiating DMARDs and/or anti-TNF agents are in higher risk of hospitalized infection. Because of scarce published literature on the risk of infection in AS patients, our results have important implications for clinicians.

What is the issue?

- Ankylosing spondylitis (AS) is a serious inflammatory arthritis that requires immune-suppressing treatment to avoid disability. Anti-tumour necrosis factor-α (anti-TNF-α) therapy may provide substantial benefits for AS patients. However, since the drug is a potent immune suppressor, concerns exist regarding infections associated with anti-TNF use in AS.

What was the aim of the study?

- To assess the risk of hospitalized infection among initiators of disease-modifying anti-rheumatic drugs (DMARDs) and/or anti-TNF agents in AS.

How was the study conducted?

- CAN-AIM conducted a population-based cohort study of AS patients in Quebec (QC), focussing on new users of anti-TNF drugs and/or DMARDs between 2001 and 2011.
- We used Cox proportional hazards regression models with three time-varying drug exposures: current use of DMARDs without anti-TNF, current use of anti-TNF agents alone or in combination with DMARDs (anti-TNF ± DMARDs), and current non-use. The outcome measure was severe infection defined on the basis of hospitalization discharge diagnoses (primary or non-primary).

What did the study find?

- We found no clear evidence that the risk of hospitalized infection was linked to DMARD and/or anti-TNF drug use.
- Prior high use of healthcare, corticosteroids, and previous hospitalized infections were associated with higher infection risk in AS. These factors thus represent subsets of individuals with the greatest infection risk.

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