Biologic Resolves All Severities of Psoriatic Arthritis

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SAN FRANCISCO — Adalimumab is effective in treating both mild to moderate and moderate to severe skin disease in patients who have psoriatic arthritis, Dr. Dafna D. Gladman reported in a poster presentation at the annual meeting of the American Academy of Dermatology.

Adalimumab, a tumor necrosis factor blocker, was approved by the Food and Drug Administration in 2005 for the treatment of rheumatoid arthritis and psoriatic arthritis.

To assess whether the severity of skin disease affected the response of psoriasis to the drug, Dr. Gladman and her associates performed a post hoc analysis of a 24-week, placebo-controlled phase III trial involving patients with moderately active to severely active psoriatic arthritis.

Previous therapy with nonsteroidal anti-inflammatory drugs had produced inadequate responses in all patients.

Among those patients in the adalimumab-treated group, 53 patients had mild to moderate skin disease, with a Psoriasis Area and Severity Index (PASI) score of less than 10 at baseline. Sixteen patients had moderate to severe skin disease, with a PASI score of 10 or greater.

PASI responses occurred quickly and were maintained.

After 24 weeks of drug treatment, the two subgroups had similar response rates. Comparing the mild-moderate and moderate-severe groups, a PASI 50 score (a 50% reduction from baseline) was achieved by 39 patients (74%) and 13 patients (81%), respectively; a PASI 90 score was achieved by 23 patients (43%) and 6 patients (38%) in the respective groups, reported Dr. Gladman of the University of Toronto.

Dr. Gladman is a primary investigator for Abbott Laboratories Inc., which manufactures adalimumab under the Humira brand.

Both patient subgroups, she noted, achieved "meaningful improvements" in quality of life, compared with baseline, as measured by the Dermatology Life Quality Index. ■

Combo Therapy Speeds Response In Psoriasis

SAN FRANCISCO — Combining alefacept with acitretin and narrow-band UVB in patients with plaque-type psoriasis is well tolerated and can induce early responses, three case reports indicate.

The triple therapy potentially can speed withdrawal of methotrexate or UVB therapy, Dr. Angela Moore reported in a poster presentation at the annual meeting of the American Academy of Dermatology.

The study was funded by Biogen Idec Inc., which makes alefacept.

Alefacept, a biologic T cell inhibitor, usually has an onset of action of 14-16 weeks when it is used as a single agent. Monotherapy with low-dose acitretin has an onset of action of about 3 months. The combination of low-dose acitretin with narrow-band UVB has previously been shown to speed responses, wrote Dr. Moore, a dermatologist in Arlington, Tex.

She and her associates evaluated the triple therapy in three patients with moderate to severe plaque-type psoriasis that was refractory to numerous treatments.

One patient, with a 20% body surface area (BSA) involvement, initially was treated with acitretin and narrow-band UVB. When he didn't show any improvement during 6 weeks of therapy, alefacept was added. After 7 weeks of the triple therapy, BSA involvement had declined to 3%.

A second patient, who had more than 80% BSA involvement, began to respond after 9 weeks of triple therapy. By week 11, BSA involvement was down to just 3%.

The third patient had 70% BSA involvement at the start of triple therapy. He showed significant improvement after 6 weeks, and his BSA involvement was only 4% at week 11.

While taking alefacept, CD4+ T cell counts decreased in all three patients. However, none of them developed clinical signs of infection or other side effects, Dr. Moore wrote.

—Sherry Boschert