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Adalimumab in the Treatment of Non-infectious Uveitis: A Study from the United Kingdom – Part 1 Effectiveness

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PURPOSE

- Adalimumab, an anti-tumour necrosis factor-alpha inhibitor, is an effective treatment for uveitis.
- In the United Kingdom (UK), adalimumab is licensed for the treatment of non-infectious uveitis affecting the posterior segment and unresponsive to conventional disease-modifying anti-rheumatic drugs (cDMARDs) or immunosuppressants.
- There is significant value in reporting real world outcomes for the use of this agent since the uses and outcomes may differ from those seen during pivotal trials.

METHODS

- Retrospective cohort study including 202 adult patients with non-infectious uveitis initiated on adalimumab between September 2013 and May 2021 at our large tertiary centre.
- Those established on adalimumab for at least 12 months were analysed.
- Data included patients' characteristics at the time of adalimumab initiation, and follow-up visits at 6, 12 and 24 months (±3 months in view of variable follow-up times).

Background Patient Demographics

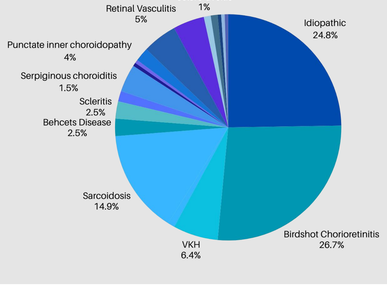
125 (61.9%) female and 77 (39.1%) male patients with an average age of 47±15 met criteria for analysis.

Most patients identified as Caucasian (n=107(53%)).

Birdshot retinochoroiditis was the most frequent aetiology (54 (26.7%)) with idiopathic uveitis the next most common (n=50 (24.8%)).

Bilateral non-infectious uveitis was present in the majority of patients (n=179 (88.6%)).

Figure 1: Aetiological Diagnosis

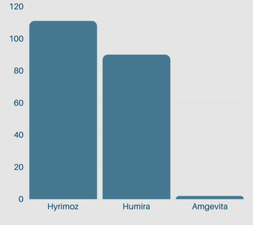


RESULTS

Therapeutic Data : DMARDs

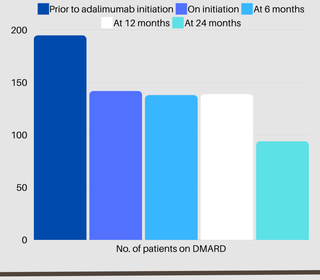
Mean duration in months of adalimumab therapy was 46 ±18.4. Most patients were initiated on Hyrimoz® (n=111 (55.0%)) with the remainder commenced on Humira® (n=90 (44.6%) or Amgevita®(n=2 (1%)).

Figure 2: Starting adalimumab by brand



Prior to adalimumab commencement, 195 (92.9%) patients were on cDMARDs compared to 139 (66.2%) patients at 12 months.

Figure 3: Number of patients on DMARD at follow up



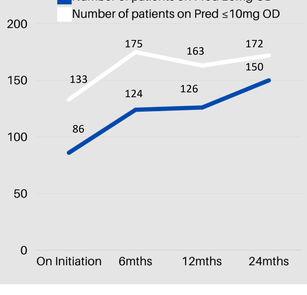
Therapeutic Data : Steroids

On initiation of adalimumab, 134 (66.3%) patients were on ≤10mg per day of oral Prednisolone, 86 (43%) of which were on ≤5mg a day.

At 12 months, 167(82.7%) patients were on ≤10mg per day of prednisolone with 126 (62.3%) on ≤5mg a day.

The steroid sparing effect of adalimumab as determined by event rate per patient years of ≤10mg and ≤5mg prednisolone per day was 0.87 and 0.66 respectively.

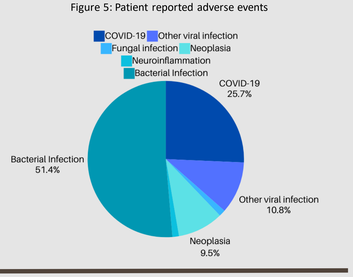
Figure 4: Number of patients on Prednisolone by dose at follow up



Adverse Events

Adverse events reported by 24 months include bacterial infection (n=38 (18.8%)), COVID-19 infection (n=19 (9.4%)) and neoplasia (n=7 (3.5%)).

Figure 5: Patient reported adverse events



Limitations

Adverse event data at risk of reporting bias from patient under-reporting.

CONCLUSION

Adalimumab is an effective treatment for uveitis. At 12 and 24 months our study concluded that our adalimumab patients required less oral Prednisolone.

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Commercial Interests: none Correspondence: kristina.frain1@nhs.net/i.yeung@nhs.net