PSORIASIS

BIOLOGIC THERAPIES FOR PSORIASIS AND THE RISK OF ACUTE INFECTIONS: INFLUENCE OF GENDER AND SMOKE HABITS

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Background: The overall rate of infections in psoriasis and the risk of infections during biologics have not been yet fully understood. Elevated levels of antimicrobial peptides are found in psoriatic plaques while IL-6 and TNFa have been associated with infective events. Contradictory data are available on biologics varying from the well-known risk of tuberculosis, to the optimal safety profile in HCV/HBV-patients.

Objective: To investigate the incidence of infections in patients with psoriasis either naïve or treated with biologics.

Materials and Methods: Patients affected with psoriasis were prospectively evaluated for incidental infections over one-year period. All the events (chronic, latent or acute infections) and treatment, comorbidities, concomitant antipsoriatic therapies and duration, were recorded and analyzed.

Results: Overall, 236 patients affected with cutaneous psoriasis were included in the study. Sixtynine patients were naïve to biologic therapies while 167 were on biologics. In 38/236 patients concomitant infections (HBV/HCV/HIV or tuberculosis/ITL) were already diagnosed/monitored. A total of 67 acute infective events were observed in 51/236 patients and the most common site of infection was the respiratory tract, followed by recurrent herpes simplex infections (13/67 cases). Biologic-treated-patients were more often affected with acute infections (42/167 on biologics versus 9/69 naïve, p=0.04), however no association with a specific biologic or a class of biologic was observed. Female sex was significantly at risk of infections both in total psoriasis group and in biologic-exposed ones (p<0.01), independently from parameters that did not influence infectious risk (age at visit, BMI, PsA, smoking habits or psoriasis duration). However, smoking revealed to increase the number of total infections in male patients.

Conclusions: Psoriatic patients treated with biologics are more prone to develop acute infection, independently from the class of biologic agents. Female patients and smokers of

male sex treated with biologics, should be carefully checked for acute infections at each visit.