

Methotrexate and Leflunomide Survival in Patients with Psoriatic Arthritis

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Disease Modifying Anti-Rheumatic Drugs (DMARDs) are frequently used in Psoriatic Arthritis (PsA), however there is limited data regarding their survival rates. This study attempts to estimate the survival rate of the most frequently used DMARDs in a cohort of PsA patients and to determine the main causes of drug discontinuation as well as factors associated with a higher survival rate.

Methods: Patients with PsA according to CASPAR criteria, ≥ 18 years of age, belonging to the RAPSODIA cohort were studied. Socio-demographic and clinical data were collected. Peripheral, cutaneous and axial involvement was assessed along with functional status, quality of life and disease activity. Data regarding treatment was gathered by a direct interview with the patient and from medical records in order to reduce forgetfulness bias. *Statistical analysis:* Continuous variables were compared using Mann Whitney or T test with Levene's test for homogeneity of variance, and categorical data by χ^2 or Fisher's exact test. Kaplan Meier survival curves and log rank were used to analyse and compare drugs' survival rate. Cox proportional analysis was performed to determine associated factors with drug survival.

Results: A total of 87 patients with PsA were included in the analysis, with a median age of 52 years (IQR 40.2-61.7) and a slight female predominance (52.9%). Median disease duration was 10 years (IQR 6-17). Seventy patients (80.5%) received MTX, 23 (32.9%) had to discontinue it due to adverse events (65%) or treatment failure (35%). The median survival time of MTX was 13 years (range 8.5-17.4). The cumulative survival rate after 10 years of treatment was 55%, being significantly higher among patients receiving concomitant steroid therapy ($\bar{X}16.4 \pm 2.3$ years vs $\bar{X}10 \pm 2$ years, $p=0.01$).

Of the 16 patients receiving LFN, 56.25% had to discontinue, estimating a median survival time of 6 years (Range 1.6-10.3). The main reasons for discontinuation were adverse events (44.5%) and treatment failure (33.3%). The cumulative survival rate after 10 years was 35%. Patient's age had a mayor impact in LFN survival; using a cut-off value of 50 years, elderly patients had a higher drug survival ($\bar{X}5.5 \pm 1.5$ years vs $\bar{X}3.3 \pm 1$ years, $p=0.03$).

Conclusion: In this cohort of PsA patients, MTX was the most frequently DMARD used, followed by LFN. MTX cumulative survival was greater than that of LFN and was favoured by concomitant steroid therapy. LFN survival was higher amongst patients with more than 50 years of age. The main reasons of discontinuation for both drugs were adverse events and loss of efficacy.
