

[THU0195] INCIDENCE OF INFLIXIMAB (IFX) INFUSION REACTIONS WITH AND WITHOUT PREMEDICATION

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Background: Some patients may experience adverse drug reactions (ADR) during infusion with IFX and this could be due to immunogenicity.

Objectives: To evaluate the incidence of infusion reactions in rheumatoid arthritis (RA) patients, seronegative spondyloarthritis (SpA) and psoriatic arthritis (PsA) receiving IFX with and without premedication

Methods: The charts of 75 patients treated with infliximab from 2000 to 2012 were reviewed. From 2001 to 2006 patients did not receive any medication before IFX, while from 2007 to 2011 patients received premedication with paracetamol (500 mg) and iv with esomeprazole 40 mg iv, hydrocortisone 5 mg/Kg, clorfenamine 10 mg. From 2011 on, premedication was modified as follows: paracetamol 500 mg, Hydroxyzine 25 mg and iv ranitidine 50 mg, 6-methylprednisolone 100 mg.

Results: From 2001 to 2006 when premedication was not yet used, 21/75 (28%) patients had infusional reactions to IFX. From 2007 to 2011 9/67 (13.4%) patients had infusional reactions after introduction of corticosteroids and antihistamines premedication.

Moreover, 1/57 patient (1.7%) had infusional reaction in the last two years using premedication with 6-methylprednisolone iv and ranitidine iv.

The number of infusion reactions was significantly lower using premedication with corticosteroids and antihistamines ($p < 0.05$). The incidence of infusional reactions was significantly reduced ($p < 0.05$) with paracetamol, hydroxyzine and 6-methylprednisolone 100 mg and ranitidine iv before IFX treatment. No one anaphylactic reactions was observed.

Conclusions: In our experience, the combination of drugs in a premedication protocol with paracetamol, hydroxyzine, 6-methylprednisolone and ranitidine iv reduced significantly the number and severity of infusional reactions to IFX.

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Disclosure of Interest: None Declared

Citation: *Ann Rheum Dis* 2013;72(Suppl3):229

Session: Rheumatoid arthritis – anti – TNF therapy

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