Psoriatic arthritis (PsA) is an inflammatory peripheral and/or axial arthritis associated with psoriasis for rheumatoid factors. Patients with PsA also have debilitating skin disease, and nearly half may also have a spinal disease. PsA is estimated to affect 0.2% to 0.3% of the general population.

To date, few studies have examined treatment persistence of biologic therapies in a real-world setting in Europe, specifically in Germany.

Methods

This is a retrospective cohort study using data from the IMS Disease Analyzer-Germany database from January 1, 2008, through June 30, 2010 (Figure 1).

Inclusion criteria

• At least 18 years of age on index date

• At least one prescription for a subcutaneous biologic agent used in the treatment of PsA during the sample selection window

• Subcutaneous biologics for PsA: ▪ Etanercept ▪ Adalimumab ▪ Golimumab

• At least one confirmed KDIGO cod for PsA during the 12 months prior to the index date (pre-index period), on index date, or during the 12 months following PsA index date (post-index period)

• Confirmation of use in the Electronic Medical Record (EMR) 12 months prior to index date, on index date, and 12 months following PsA index date (post-index period)

• For diagnosis of other conditions (eg, Crohn’s disease, ulcerative colitis), data from all other biologic therapy used with this condition or with the PsA condition were included in the index period

• Conditions were determined by the presence of at least one physician visit for any condition at least once a month in index months and no month in the 6 months before or after the index date

Exclusion criteria

• At least one prescription for a subcutaneous or intramuscular drug during the pre-index period

• Diagnosis for more than one rheumatoid arthritis (RA), AS, or PsA at any time during a patient observation period (pre- or post-index)

• Diagnosis for any conditions like: Gout, inflammatory diseases, collagen diseases, and other non-rheumatoid disease treated with a subcutaneous biologic agent (eg, ankylosing spondylitis, rheumatoid arthritis)

Operation definitions

Treatment persistence: Persistence with subcutaneous biologic agent was defined as time (in consecutive days) from treatment initiation to treatment discontinuation.

• Studies that evaluated persistence with an intramuscular subcutaneous biologic agent were analyzed discontinuation based on varied gaps, including 30, 60, and 90 days

• Discontinuation was defined as the day of any of at least 60 consecutive days gap period (in which no drug supply for the index subcutaneous biologic agent was detected)

Stratification

• Patients were further stratified as DMARD-naive or naïve to biologic agents

• In patients with biologic experience, the following criteria were applied

• If a patient had a prior biologic experience and a subsequent biologic experience on a different biologic agent, it was considered a gap</n>