

**The development of a range of biologic treatments over the last decade has revolutionised the management of moderate-severe psoriasis and psoriatic arthritis (PsA). There are various drugs in this category – e.g., sekukinumab, infliximab etc – but they all work by blocking immune system signals involved in the inflammatory process that result in damage to skin and joint tissue.**

With the rapid emergence of these new therapeutic agents, evaluating long-term comparative safety is essential, because patients with moderate to severe psoriasis may be at increased risk of infection, depending on the biologic agent used. The purpose of this study was to establish whether there is a significant difference between biologic agents in terms of the risk of serious infection.

The study involved a nationwide French cohort of 44,239 new users of biologics, followed for a period of 12 months after treatment began. Information regarding serious infection was obtained from hospital records. In all, there were 1656 serious infections, the most frequent being infections of the gastrointestinal system (645 or 38.9%).

There were clear differences in susceptibility to infection, depending on the biologic used. Compared with etanercept, patients taking infliximab and adalimumab were at an increased risk of serious infections. On the other hand, the risk was significantly lower for those on ustekinumab. There was no increase in risk for users of secukinumab, ixekizumab, brodalumab or guselkumab, when compared with etanercept.

## Conclusion

This study is an important contribution to the safety profile of biologic therapies. Although more research is needed, these results should help doctors choose a suitable biologic for patients with psoriasis who are at risk of serious infections.

## Reference:

Association Between Biologics Use and Risk of Serious Infection in Patients with Psoriasis  
Penso L, Dray-Spira R, JAMA Dermatol. 2021;157(9):1056-1065.

## Biologic registries

As part of the process of understanding the long-term effects of biologic therapies in people with psoriasis and psoriatic arthritis, there are two registries that gather data in order to provide useful information.

The psoriatic arthritis register is run by the University of Aberdeen on behalf of the British Society for Rheumatology. The register is aligned to other international registries with psoriatic arthritis patients in the EU and North America. The register aims to provide 'real-world' data around:

- the impact of psoriatic arthritis on individuals, including function, work, quality of life and economic impact
- the natural history of psoriatic arthritis, including clinical, social and work outcomes in the medium- to long-term and the impact of disease phenotype on disease outcome.

<https://www.rheumatology.org.uk/practice-quality/registers/psoriatic-arthritis>



BADBIR is the psoriasis registry and stands for the British Association of Dermatologists Biologic and Immunomodulators Register.



It is a UK and Eire observational study seeking to assess the long-term safety of biologic treatments for psoriasis. The National Institute for Health and Clinical Excellence (NICE) has recommended that all patients in the UK receiving these new therapies for psoriasis should be registered with BADBIR.

<http://www.badbir.org>

