adalimumab

Severe Crohn’s disease: a second TNF alpha antagonist, subcutaneous administration

- No direct comparison with intravenous infliximab.

Adalimumab (Humira®, Abbott) is the second TNF alpha antagonist immunosuppressant, after infliximab, to be marketed for the treatment of severe Crohn’s disease (1,2).

Clinical evaluation is mainly based on a randomised, double-blind, placebo-controlled trial in 499 patients who “responded” to 2 injections of adalimumab (2,3). After one year of treatment, 36% of patients who received adalimumab were still in remission, versus 12% of patients on placebo (p<0.001). Data concerning complications of Crohn’s disease (e.g. fistulae) are not very convincing (2).

Adalimumab has the adverse effects common to all TNF alpha antagonists, notably serious infections, lymphoma and worsening heart failure. Adalimumab has a different mode of administration: it is injected subcutaneously while infliximab is administered by intravenous infusion, in hospital (1,2).

In conclusion, the only (minor) advantage of adalimumab is its convenience of use, but only in patients with non-fistulated forms of Crohn’s disease.

Adalimumab has the adverse effects common to all TNF alpha antagonists in HIV-1 infected adults and adolescents” October 2006: 116 pages.


9- “Lipid levels were not increased in patients taking MK-0518 an investigational HIV integrase inhibitor, in combination therapy after 24 weeks of therapy”, www.merck.com accessed 26 April 2007: 2 pages.


21- “Lipid levels were not increased in patients taking MK-0518 an investigational HIV integrase inhibitor, in combination therapy after 24 weeks of therapy”, www.merck.com accessed 26 April 2007: 2 pages.


33- “Lipid levels were not increased in patients taking MK-0518 an investigational HIV integrase inhibitor, in combination therapy after 24 weeks of therapy”, www.merck.com accessed 26 April 2007: 2 pages.

