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-fistulized forms of Crohn’s disease.

Adalimumab (Humira®)

Solution for SC injection
• 40 mg of adalimumab per prefilled syringe

New indication: ‘(…) severe, active Crohn’s disease, in patients who have not responded despite a full and adequate course of therapy with a corticosteroid and/or an immunosuppressant; or who are intolerant to or have medical contraindications for such therapies’. [EU marketing authorisation, centralised procedure]

Immunosuppressant; TNF alpha antagonist


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).