

INFLIXIMAB AS RHEUMATOID ARTHRITIS TREATMENT AT A DAY HOSPITAL

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AIMS:

To describe infliximab administration at a day hospital. To check the incidence of adverse effects and to explain a management pattern of infusion

METHODS:

The study began on January 1, 2005 and finished on December 28, 2005. Patients included were those treated with infliximab at our hospital. Before inclusion, we ruled out pathologies which would contraindicate treatment and fixed the dosage. An Internal Medicine specialist set the infusion date, obtained the patients' data, filled the prescription form and monitored and treated side effects. We checked blood pressure and heart rate at predetermined intervals. Patients were discharged if no side effects appeared.

RESULTS:

Study duration: 1 year. We included 16 patients. Mean age: 50 years. 102 infusions (6.37 per patient). One episode of abdominal pain and hypertensive crisis, which improved after we stopped the infusion and provided symptomatic treatment. One drug withdrawal due to lack of response.

DISCUSSION:

Infliximab is a tumor necrosis factor antibody useful as progression modifier in rheumatoid arthritis. Infusion must be given under physician supervision. A nurse follows the appearance of any symptom and checks blood pressure and heart rate. Side effects are unlikely to happen and are mild, but serious problems like anaphylactic shock can occur. Only one case of adverse reaction to the drug occurred in our study, which is similar to that reported in current literature.

CONCLUSIONS:

Adverse reactions are uncommon. Most of them resolve after drug withdrawal and symptomatic treatment. Infliximab is an in-hospital drug. Day hospitals are appropriate venues for its administration, with trained nurses and physicians watching for and treating adverse reactions. Internal Medicine specialists, because of their versatile training, can manage adverse reactions.

Keyword: