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Research Letter

Drug Survival of Apremilast for Psoriatic Arthritis in a Real-World Setting: A Single-Center Experience

To the Editor:

Apremilast, an oral selective phosphodiesterase 4 inhibitor, has been shown to be a safe and effective treatment for psoriasis and psoriatic arthritis (PsA).[1-3]

Data from pivotal trials[4,5] and a recent retrospective evaluation in an Italian multicentric cohort of patients with PsA treated with apremilast[6] showed a retention rate of 72% after 6 months and approximately 50% after 1 year of follow-up.

We retrospectively examined drug survival in 62 patients treated with apremilast for PsA at San Marco Hospital Rheumatology Unit in Catania from March 2018 to January 2022. PsA was diagnosed according to the Classification Criteria for Psoriatic Arthritis (CASPAR).[7] This analysis was approved by the ethics committee of Azienda Ospedaliero Universitaria Policlinico "G. Rodolico-San Marco," Catania, Italy (approval no. 16019). Patient consent was not required due to the retrospective design of this study.

Apremilast was given as first-line therapy in 30 patients, as second line in 8 patients, as third line in 9 patients, as fourth line in 2 patients, and as sixth line in 2 patients. To date, we have treated 62 patients with PsA. Data on demographics, comorbidities (including BMI), and disease characteristics (duration since onset of PsA and type of involvement) were collected at the first visit. Clinical characteristics at timpoints 0, 6, and 12 months are shown (Table). The majority of patients showed a peripheral pattern; of note, only 5 patients out of 62 had axial involvement.

Follow-up data differed among patients, due to the different timepoints at which patients started therapy. We have follow-up data for 49, 44, 16, and 5 patients at 6, 12, 24, and 36 months, respectively.

We calculated the retention rate of apremilast using a Kaplan-Meier curve. We found that 88% of patients were still on treatment after 6 months and 73% after 1 year (Figure). In our cohort, apremilast showed high retention rates even when it was used as a second-line treatment or beyond, and even in patients with long disease duration.

A possible explanation for this high retention rate may be patient selection. In our study, most of the patients treated with apremilast were multifailure, with major comorbidities and/or contraindications to other biologics. For this reason, patients aware of frequent side effects, especially occurring at the beginning of the treatment, are more inclined to continue the therapy. Moreover, appropriate management of side effects could be a further explanation of the high drug survival.

Table. Clinical characteristics at 6 and 12 months.

	Baseline	6 Months	12 Months
Tender joint count	13 (4.2)	10 (5.1)	7 (5.3)
Swollen joint count	4 (2.8)	2 (3.0)	1 (2.9)
ESR, mm/h	32 (18.9)	24 (16.4)	16 (15.2)
CRP, mg/L	9 (11.4)	5 (6.5)	3 (4.6)
DAPSA	37.3 (14.9)	25.1 (11.3)	19.7 (10.9)

Values are expressed as mean (SD). CRP: C-reactive protein; DAPSA: Disease Activity Score for Psoriatic Arthritis; ESR: erythrocyte sedimentation rate.

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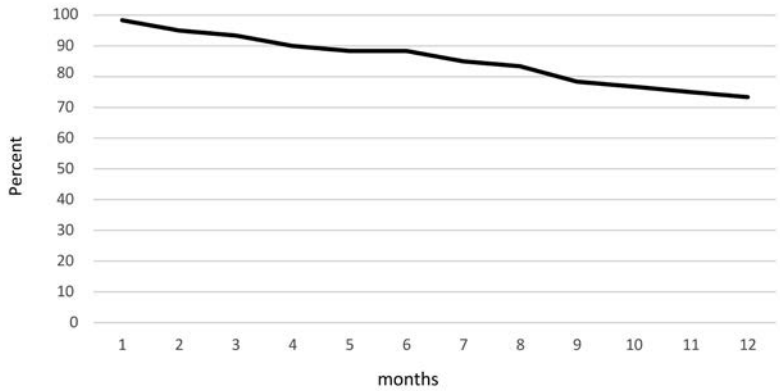

Figure. Twelve-month retention rate of apremilast.