Drugs 2005; 65 (9): 1292-1294
0012-6667/05/0009-1292/$39.95/0

Infliximab in Ankylosing Spondylitis

A Viewpoint by Filip De Keyser

Department of Rheumatology, Gent University Hospital, Gent, Belgium

Until recently, ankylosing spondylitis could be considered as an orphan disease, since NSAIDs only provide partial relief of symptoms with no disease-modifying capacity, and classical disease-modifying antirheumatic drugs, such as methotrexate or sulfasalazine, have no effect on the spondylitic disease. Infliximab was the first drug to show significant, long-lasting clinical efficacy for patients with ankylosing spondylitis. Subsequently, other tumour necrosis factor (TNF)-α inhibitors, such as etanercept, have shown to possess similar therapeutic capacity. The long-term safety profile of TNFα blockade is quite acceptable, given the severity of the untreated disease. Current prevention of tuberculosis reactivation, including systematic screening with tuberculin skin testing and chest radiographs, is adequate and efficient.

Ankylosing spondylitis belongs to the spondyloarthropathy concept, which includes other subtypes, such as Crohn's disease associated spondyloarthropathy, psoriatic arthritis or undifferentiated spondyloarthropathy. Grouping of these diseases into one concept is based on common genetic, epidemiological, pathophysiological and clinical characteristics.[1] Therefore, it could be postulated that infliximab therapy would also be effective in spondyloarthropathy subtypes other than ankylosing spondylitis. Our group reported efficacy of infliximab for spondyloarthropathy manifestations in patients with Crohn's disease in a nonblind study[2] as well as for other spondyloarthropathy subtypes in nonblind[3] and placebo-controlled, double-blind trials.[4] In these studies, which included patients with active spondyloarthropathy of different subtypes (ankylosing spondylitis, psoriatic arthritis, undifferentiated spondyloarthropathy), peripheral arthritis was equally responsive to infliximab treatment as axial symptoms. Moreover, histological follow-up of peripheral synovitis before and after infliximab treatment confirmed that profound changes in the immune infiltrate and the structure of the synovium parallel the clinical benefit.[5] This raises hopes that anti-TNFα therapy will not only control signs and symptoms of axial and peripheral inflammation in spondyloarthropathy, but will also modulate structural remodelling in this disease complex. ▲

References

1. Granfors K, Marker-Hermann E, De Keyser F, et al. The cutting edge of spondyloarthropathy research in the millennium. Arthritis Rheum 2002 Mar; 46 (3): 606-13
2. Van den Bosch F, Kruithof E, De Vos M, et al. Crohn's disease associated with spondyloarthropathy: effect of TNF-α blockade with infliximab on articular symptoms. Lancet 2000 Nov 25; 356 (9244): 1821-2
3. Van den Bosch F, Kruithof E, Baeten D, et al. Effects of a loading dose regimen of three infusions of chimeric monoclonal antibody to tumour necrosis factor α (infliximab) in spondyloarthropathy: an open pilot study. Ann Rheum Dis 2000 Jun; 59 (6): 428-33
4. Van Den Bosch F, Kruithof E, Baeten D, et al. Randomized double-blind comparison of chimeric monoclonal antibody to tumor necrosis factor α (infliximab) versus placebo in active spondyloarthropathy. Arthritis Rheum 2002 Mar; 46 (3): 755-65
5. Kruithof E, Baeten D, Van Den Bosch F, et al. Histological evidence that infliximab treatment leads to downregulation of inflammation and tissue remodelling of the synovial membrane in spondyloarthropathy. Ann Rheum Dis 2005 Apr; 64 (4): 529-36