

TNF Blockers, commonly referred to as “biologics”

RECENTLY, A NEW GROUP OF MEDICATIONS, known as biologics, has been introduced in the treatment of AS and other spondyloarthritides (SpA) that has been shown to be highly effective in treating not only arthritis of the joints but also the spinal arthritis associated with SpA. In addition, biologics are effective against both psoriasis and psoriatic arthritis.

This group of medications includes etanercept (Enbrel®), infliximab (Remicade®) and adalimumab (Humira®). Enbrel is given as a self-administered injection by the patient once a week. Remicade is administered as an intravenous infusion in your doctor’s office or by an infusion service every six to eight weeks. Humira is also given as an injection, usually by the patient, although only every other week.

Studies going out over three years indicate that biologics may actually slow down or even stop the progression of AS. As of the time of publication of this supplement, December 2004, Enbrel had already received approval by the Food and Drug Administration for treatment of AS and psoriatic arthritis, and approval of Remicade in AS had just been received. Clinical trials of Humira in AS are underway now.

The most serious and currently recognized side effect of the biologics is an increased risk of infections, especially tuberculosis. A very rare possible complication is increased frequency of cancer, especially of the blood (leukemia) or of

POSITION STATEMENT

Recently, drug maker Merck & Co voluntarily withdrew Vioxx® from the market after its own studies found unacceptable cardiovascular risk.

Vioxx belongs to a class of drugs known as the COXIBS. Other examples include Celebrex, Arcoxia, and Bextra. Until more information becomes available, all COXIBs should be regarded as having the potential to increase the risk of adverse cardiovascular events. Patients with past and/or current heart disease, and those at serious risk of heart disease (e.g., diabetics) should check with their physician before continuing to take any of these medications.

— SAA Medical and Scientific Advisory Board

the lymphatic system (lymphoma). In addition, reactions to the injection or infusion of these drugs, including allergic reactions, are occasionally seen.

Another serious issue with these important new medications is their expense – \$12,000-20,000 per year and higher. Not everyone with a SpA will need this type of medication – you and your doctor can decide which of these medications, if any, is appropriate for you.

A FULL RANGE OF interventions exists for those with an SpA. These range from exercise and postural controls, to various classes of medicines, to surgical interventions in selected cases. In-depth reading on these subjects is located in your copy of “Straight Talk on Spondylitis.”

CONCLUSION:

THESE ARE NEW AND EXCITING TIMES for people with Spondyloarthritis. We have learned much about the causes of these diseases, and new treatments have been introduced that appear to help both the arthritis associated with SpA and the spinal disease. With recent advances in understanding the role of genetics in AS, researchers hope that it will be possible to target genes to improve outcome and allow better understanding of the disease, and thus, lead to improved and potentially lower cost medicines able to help a broader spectrum of people with AS.

That said, even today, most people now are able to manage this group of diseases well. They are able to continue to work, raise children and lead a productive and active life. Some patients will need to change their recreational activities. Some will eventually need to modify or change their working environment. It is important to remember that there is much that can be done to help, and more importantly, much that people can do to help themselves.

→ **For the latest news and information, visit us online at: www.spondylitis.org**