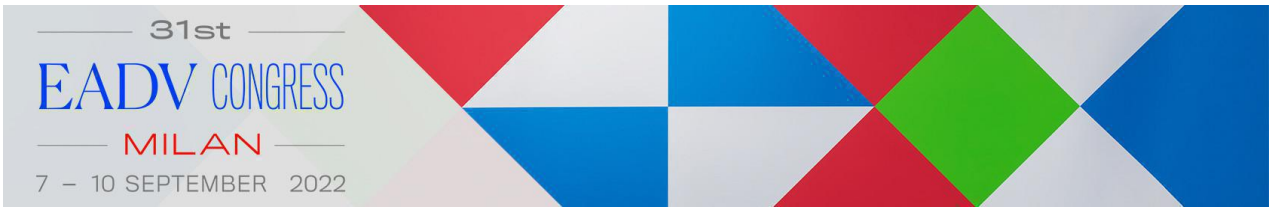

Abstract N°: 871

Title: National consensus on biologic dose reduction in psoriasis: a modified eDelphi procedure

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Introduction

Dose reduction (DR) of biologics for patients with psoriasis is currently performed in daily practice, although guidelines are still lacking. Studies on DR have been performed, but criteria for applying DR and the actual manner of reducing dosages varied. It is however important to strive for clear criteria that lead to safe application of DR. The aim of the current study was therefore to achieve consensus on criteria for biologic DR in psoriasis patients and propose a strategy fit for implementation in current practice.

Materials and methods

An online Delphi procedure (eDelphi) was conducted in order to achieve national consensus regarding criteria for biologic DR. Dutch dermatologists were invited by the Dutch Association for Dermatology and Venereology to participate in an eDelphi process consisting of a maximum of 3 voting rounds. Statements for the voting rounds were selected based on literature review. Dose reduction of biologics was defined as 'the application of injection interval prolongation' and was aimed at psoriasis patients with stable low disease activity. Within the eDelphi statements, criteria for start and discontinuation of DR were proposed. Proposed statements were rated using a 9-point Likert scale. Consensus was reached when ≥70% of all voters rated 'agree' (7-9) and <15% rated 'disagree' (1-3).

Results

A total of 27 dermatologists participated in the first eDelphi voting round. After round 1, consensus was achieved on 10 out of 15 items. Within the first round, participants agreed on statements for DR eligibility (treatment duration of 6 months, decision based on disease activity and impact on patients' quality of life), criteria for starting and continuing DR (PASI ≤5 and/or PGA 0-2, together with DLQI ≤5), and stopping DR (PASI >5 and/or PGA >2 and/or DLQI >5 and/or at a patients' request). If patients also had psoriatic arthritis, it was agreed that a rheumatologist should be consulted before implementing DR. It was agreed that outpatient visits should not be performed more frequently when applying DR.

Approved DR schedules for adalimumab and etanercept consisted of interval prolongation leading to 67% and 50% of the standard dose. Five statements were revised and reproposed to the participants of round 1. Criteria for duration of low disease activity before starting DR, time of evaluating DR effects, dosing schedules for ustekinumab, and a statement regarding DR of the newer biologics were revised. Final results will be presented at the 31st EADV Congress.

Discussion

Recommendations of this national consensus process will guide patients with psoriasis and clinicians towards consistent and safe application of biologic DR in daily clinical practice. Outcomes can serve as a blueprint for international consensus on biologic DR.