# IMPACT OF METHOTREXATE CO-THERAPY ON ANTI-TNF DRUG SURVIVAL IN PSORIATIC ARTHRITIS: A REAL-WORLD COHORT STUDY

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## BACKGROUND

- Tumour necrosis factor inhibitors (anti-TNF) are a cornerstone of psoriatic arthritis (PsA) management
- Methotrexate (MTX) is frequently combined with anti-TNF therapy
- Real-world data on MTX impact on anti-TNF drug survival remain limited

## OBJECTIVES

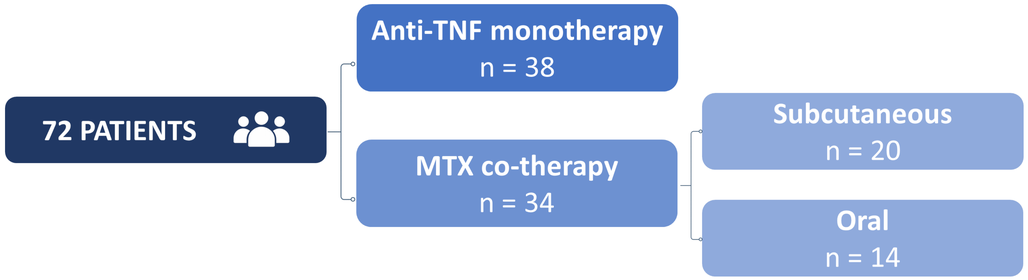
- Compare anti-TNF drug survival: anti-TNF monotherapy vs anti-TNF plus MTX
- Assess whether MTX administration route influences drug survival

## METHODS

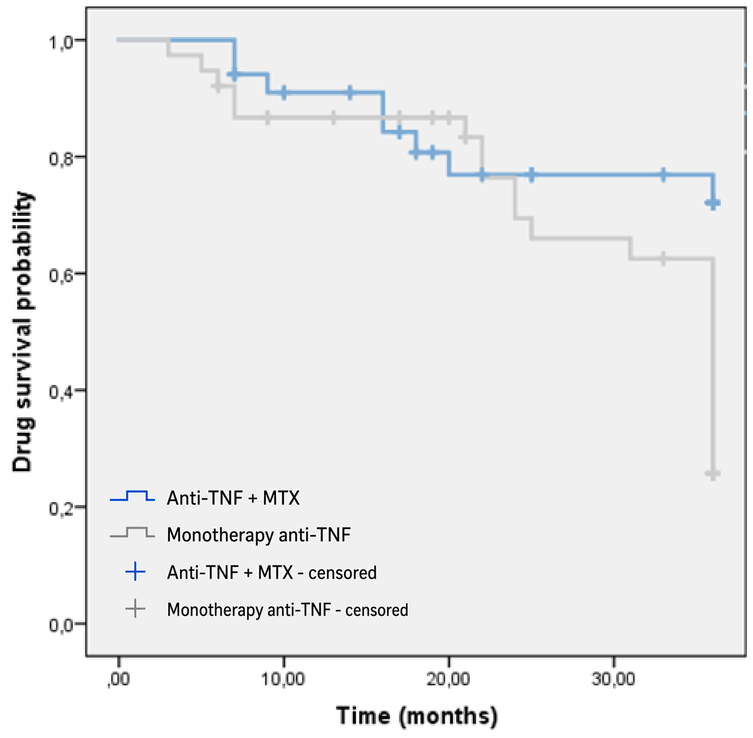
- Retrospective observational cohort study
- Patients fulfilling CASPAR criteria for PsA who initiated first-line anti-TNF therapy; exclusively axial disease excluded
- Baseline classification (intention-to-treat): anti-TNF monotherapy or anti-TNF plus MTX
- Secondary analyses: oral vs subcutaneous MTX
- Anti-TNF persistence: time from treatment initiation to permanent discontinuation or switch to another biologic agent
- Kaplan–Meier, log-rank and Cox regression analyses were performed
- Sensitivity analyses excluded MTX route switchers

## RESULTS

- Male sex: 51,4%
- Median age: 52 years old
- Median disease duration: 7 years
- Oligoarticular involvement: 55%
- Adalimumab therapy: 75%




**ANTI-TNF DRUG SURVIVAL ACCORDING TO METHOTREXATE CO-THERAPY**




*median drug survival not reached in either group

### ANTI-TNF DRUG SURVIVAL (36 MONTHS)

**72,1%** ANTI-TNF + MTX

**25,7%** ANTI-TNF MONOTHERAPY

**LOG-RANK P = 0.013**

### ANTI-TNF DISCONTINUATION

**HR 0.40**
(95% CI 0.18–0.89)

**~60%**
lower risk with MTX co-therapy

**52,6%** due to lack of articular and/or cutaneous effectiveness

### ORAL VS SUBCUTANEOUS

**NO** differences in anti-TNF drug survival (log-rank p = 0.641), with consistent results in sensitivity analyses

## CONCLUSIONS

- Concomitant MTX use was associated with improved anti-TNF drug survival » ~60% reduction in discontinuation risk
- The route of MTX administration did not influence treatment persistence
- These findings support flexible, patient-centred combination strategies in routine practice, acknowledging limitations related to the retrospective design, sample size and limited number of discontinuation events