Injections

Table 1. Predictors of reporting high levels of pain at injection site

RESULTS (continued)

Women were more likely to report high levels of pain (severe, very severe or intolerable pain) than men (OR=2.065; 95% CI=[1.417, 2.981]). Univariate significant odds of reporting high levels of pain for AS (OR=2.168, p<0.0004) and PsA (OR=1.648, p=0.0013) patients when compared to RA patients were no longer significant in the multivariate model. Patients that were older when diagnosed (Age at diagnosis, OR=0.975; 95% CI=[0.950, 0.992]) were less likely of reporting high levels of pain and patients with longer disease duration at injection were more likely. Subjects treated with ETA (OR=3.696, 95% CI,[1.937, 7.052]) and ADA (OR=5.200, 95% CI=[2.911, 9.164]) were more likely to report higher pain levels than patients using MTX. Patients using ADA and ETA more likely to report higher levels of pain than patients using CER or GOL. Subjects receiving their second or greater bDMARD agent are more likely to report high levels of pain than subjects receiving their first biologic. Stopping a treatment for an ISP-pain is extremely rare.

CONCLUSIONS

The intensity of pain associated with subcutaneous route of administration varies with age at diagnosis, disease duration at injection, administered medication and treatment history.

BACKGROUND/PURPOSE

Injection Site Reaction Associated with Subcutaneous Biologic Agents and Methotrexate. An Analysis from the Rhumadata® Clinical Database and Registry

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Methods

As part of PROs, one question on pain intensity associated with SC injections was asked to patients receiving a biologic agent or a concomitant with a biologic agent. We present here the results and compare levels of pain across diagnosis and agents.

RESULTS

A total of 9214 injection pain assessments were completed. 5297 of 15181 and 2425 were performed on 1190, 399 and 657 patients with rheumatoid arthritis (RA), ankylosing spondylitis (AS) and psoriatic arthritis (PsA), respectively. Women represented 75%, 44% and 48% of these cohorts and mean ages at diagnosis were respectively 45.9 (SD=13.3), 34.8(11.7) and 43.1(24.2) years. High pain levels were reported on 3.31% 9.30% and 7.14% of SC injections on patients with RA, AS and PsA respectively. The average assessed pain for the CER/ADA/MTX, ETA/DEN and GOL/CUR injection site was 75.4%, 37.9% and 35.5% respectively.

REFERENCES

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