

Study compares hospitalized infection risk for biologics in RA

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(HealthDay)—For patients with rheumatoid arthritis (RA) with prior biologic exposure, the risk of hospitalized infection is increased with etanercept, infliximab, and rituximab versus abatacept, according to a study published online Aug. 28 in *Arthritis & Rheumatology*.

Huifeng Yun, Ph.D., from the University of Alabama at Birmingham, and colleagues compared risks of hospitalized infections associated with biologics used to treat RA using Medicare data from 2006 to 2011. Patients were followed from initiation of new biologic treatment after previous treatment with a different biologic.

The researchers found that of 31,801 new biologic treatment episodes where patients previously used another biologic, 12.0, 15.2, 5.9, 4.4, 12.4, 28.9, 14.8, and 6.3 percent were with [etanercept](#), adalimumab, certolizumab, golimumab, infliximab, abatacept, [rituximab](#), and

tocilizumab, respectively. Overall, 2,530 hospitalized infections were identified during follow-up, with variation in the incidence rates from 13.1 for abatacept to 18.7 for rituximab per 100 person-years.

Compared with abatacept, the hazard ratios were significantly higher for etanercept, infliximab, and rituximab after adjustment (hazard ratios, 1.24, 1.39, and 1.36, respectively).

"In conclusion, we found that among Medicare RA patients with prior exposure to at least one biologic and who were switching to a new agent, that [infliximab](#), rituximab, and etanercept were significantly associated with a greater one-year risk of serious [infection](#) compared to abatacept," the authors write. "The choice of biologic therapies among RA patients may be better informed by the modest differences we found in the safety profiles between the agents we studied."

Several authors disclosed financial ties to the pharmaceutical industry.

More information: [Abstract](#)
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