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LEADING CAUSES OF METHOTREXATE AND ANTIMALARIAL DRUGS DISCONTINUATION IN IRANIAN PATIENTS WITH RHEUMATOID ARTHRITIS

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Abstract Background: Methotrexate (MTX) and anti-malarial drugs are widely prescribed for rheumatoid arthritis (RA) as disease-modifying anti-rheumatic drugs (DMARDs). Some patients discontinue treatment because of their adverse effects which could induce disease reactivation.

Aim of the work: We aimed to evaluate common causes of DMARD discontinuation such as MTX, chloroquine (CQ) and hydroxychloroquine (HCQ) in patients with rheumatoid arthritis.

Patients and methods: We reviewed the records of RA patients referred to the rheumatologic clinic of Shariati Hospital in 2006 and their records were retrospectively reviewed till 1991. Patients who received MTX (with or without CQ or HCQ consumption) for at least one month were included to determine the frequency and more prevalent causes of drug discontinuation.

Results: Among 295 RA patients, 28.5% discontinued MTX. Adverse drug effects were found in 27.4% of the patients. However, no serious adverse events such as cirrhosis were reported. Among 271 patients who received antimalarial agents, 41.3% discontinued treatment. 51.3% of drug withdrawals were because of ophthalmological consultation and presence of retinopathy, macular pigmentation, and keratopathy, without any persistent or serious ocular complication such as blindness. Only patients who discontinued treatment due to retinopathy were significantly older than the others.

Conclusion: With respect to the relatively low rate of discontinuation due to adverse effects, MTX seems to be a safe drug for long-term use in RA patients. Serial eye examination for those using antimalarial drug will protect them against ocular toxicity which could further lead to higher rates of drug discontinuation.

Biography

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