

## Category Spondyloarthropathy

New Treatment in NSAID-Refractory Ankylosing Spondylitis

APLAR 2004, Abstract Book:70;37

### Six-years Outcome of NSAID-Refractory Ankylosing Spondylitis After Treatment with the Step-down Bridge Intravenous and Oral Combination of 5 Immunosuppressants.

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**Objective.** To assess the outcome of NSAID-refractory AS.

**Materials and Methods.** Males 54 and females 25 Han Chinese Indonesians with NSAID-refractory Ankylosing Spondylitis (Nr-AS) were consecutively entered into a 6-years prospective observational study from 01-02-95 to 01-02-98. Clinical features were scored with the BASDAI, BASFI, BAS-G, BASMI and radiologically with the BASRI-s and BASRI-h. The Step-down Bridge Intravenous and Oral Combination of 5 Immunosuppressants was administered to the Nr-AS when BASDAI was > 4 with abnormal CRP and ESR > 40 mm (men > 30 mm). The IV Therapy was daily 5X weekly Cyclophosphamide (CyC) 25-100 mg + Methylprednisolone (MPS) 0-125 mg and weekly Methotrexate (MTX) 5-15 mg. Oral Therapy was simultaneously initiated with Mycophenolate Mofetil (MMF) 250-500 mg bid-tid + Cyclosporine (CyS) 25-50 mg bid-tid and weekly MTX 5-15 mg after IV therapy was terminated. After mean BASDAI was < 1 with ESR dropped to < 40, < 30, and < 25 mm/hour, the daily IV therapy was given 3X, 2X, and 1X weekly respectively. When Nr-AS was in Control, the IV therapy was tapered to once: fortnightly, 4-weekly, and 8-weekly to Remission with oral Drugs (RworalDs). When drugs was tapered off Remission without Drug (RwD) was obtained.

**Results.** Outcome of CRP, ESR, BASDAI, BASFI, BASGI, BASMI, BASRI-s, and BASRI-h of the cases was significantly ( $p < 0.05 - 0.0005$ ) improved compared with baseline. The increase in BASRI-s and BASRI-h scores in calcified AS (cAS) from baseline to final evaluation was not significant. After 6 years in observation 87.0% with non-calcified and BASRI-s and/or h < 2 and 85.7% with cAS and BASRI-s and/or BASRI-h  $\geq 2$  achieved Remission without Drug (RwD) and RworalDs respectively independent of disease duration. The dreaded renal, liver, and hematological toxicity are not encountered with the low dosages and limited period of exposure to intravenous CyC + MPS + MTX and oral MMF + CyS + MTX. Mild gastrointestinal adverse effects were 25.0%. There were 12 dropouts for various reasons, but not due to toxicity and/or inefficacy of the The Step-down Bridge Intravenous and Oral Combination of 5 Immunosuppressants.

**Conclusion.** Nr-AS with BASRI-h and/or BASRI-s < 2 and  $\geq 2$  independent of disease duration achieves RwD and RworalDs with termination of radiological progression (calcification).