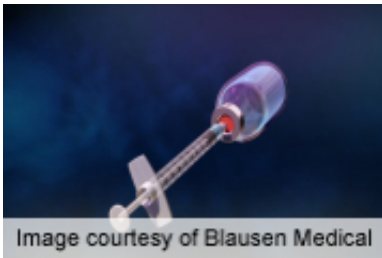


# Biologic treatments for RA carry similar infection risk

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The risk of hospitalized bacterial infections in older rheumatoid arthritis patients is similar for rituximab or abatacept compared to etanercept, although it is higher for infliximab, according to a study published in the July issue of *Arthritis Care & Research*.

(HealthDay)—The risk of hospitalized bacterial infections in older rheumatoid arthritis (RA) patients is similar for rituximab or abatacept compared to etanercept, although it is higher for infliximab, according to a study published in the July issue of *Arthritis Care & Research*.

Jeffrey R. Curtis, M.D., from the University of Alabama at Birmingham, and colleagues utilized 1998 to 2011 data from the U.S. Veterans Health Administration to identify RA patients initiating [rituximab](#), abatacept, or anti-tumor necrosis factor (anti-TNF) therapy. The authors sought to assess the comparative risk of hospitalized infection associated with anti-TNF and non-anti-TNF biologic agents.

The researchers found that 3,152 unique RA patients (mean age, 60 years; 87 percent male) had 4,158 biologic treatment episodes of rituximab (596 initiations), abatacept (451 initiations), and anti-TNF agents (3,111 initiations). For rituximab, the hospitalized infection rate was 4.4 per 100 person-years; rates were 2.8 for abatacept and 3.0 for anti-TNF. The adjusted rates of hospitalized infection were similar for adalimumab (hazard ratio [HR], 1.4; 95 percent confidence interval [CI], 0.9 to 2.2), abatacept (HR, 1.1; 95 percent CI, 0.6 to 2.1), or rituximab (HR, 1.4; 95 percent CI, 0.8 to 2.6), compared to etanercept, although it was increased for [infliximab](#) (HR, 2.3; 95 percent CI, 1.3 to 4.0).

"In older, predominantly male U.S. veterans with RA, the risk of hospitalized bacterial infections associated with rituximab or abatacept was similar to etanercept," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

**More information:** [Abstract](#)  
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