

Infection risk does not seem to differ among biologics for psoriasis

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(HealthDay)—Among biologics used for the treatment of psoriasis, there

do not appear to be differential risks for serious infection or respiratory tract infection, according to a study presented at the annual meeting of the European Academy of Dermatology and Venereology, held virtually from Sept. 29 to Oct 2.

Lara van der Schoot, from Radboud University Medical Center in Nijmegen, Netherlands, and colleagues assessed the differential effect of biological therapies on the risk for serious infections and [respiratory tract infections](#), including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infections, among 714 psoriasis patients who were treated with currently available biologics (1,325 treatment episodes) in a real-world setting.

The researchers identified 63 serious infections and 2,224 respiratory tract infections. Crude rates of serious infection were highest for ixekizumab (6.04 per 100 patient-years [PYs]) and infliximab (4.01 per 100 PYs) and lowest for secukinumab (0.72 per 100 PYs). Rates of respiratory tract infection were highest for infliximab (72.20 per 100 PYs), etanercept (67.40 per 100 PYs), and ixekizumab (62.79 per 100 PYs), and they were lowest for secukinumab (48.71 per 100 PYs). There was no differential risk for either serious infection or respiratory tract [infection](#) between adalimumab, etanercept, [infliximab](#), ustekinumab, secukinumab, ixekizumab, and guselkumab. The crude incidence rate of SARS-CoV-2 infections was 3.64 per 100 PY during 2020 in a single center.

"Our preliminary results suggest that biological treatments do not impact [psoriasis](#) patients' susceptibility to COVID-19 infections, although this needs to be further investigated," van der Schoot said in a statement.

More information: [More Information](#)

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