Infection risk lower for etanercept vs monoclonal antibody treatment

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(HealthDay)—For patients with rheumatoid arthritis, etanercept is

associated with lower risk for general infections and tuberculosis compared with monoclonal antibody treatment, according to a meta-analysis published online Feb. 3 in the *International Journal of Rheumatic Diseases*.

Hongxing Liao, from the Meizhou People's Hospital in China, and colleagues conducted a systematic literature review to examine the differences between monoclonal antibodies and the soluble receptor for infections in patients with RA. Twelve studies were included that reported infections in patients with RA treated with the soluble receptor etanercept or at least one monoclonal antibody (infliximab or adalimumab).

The researchers found that the soluble receptor was associated with a lower incidence rate of serious infection compared with monoclonal antibodies (relative risk, 0.63), although there was high heterogeneity (I^2 = 85 percent) and the possibility of publication bias. The pooled analysis showed that the soluble receptor was associated with lower risk of tuberculosis (relative risk, 0.19), with low heterogeneity (I^2 = 0 percent) and no publication bias. Etanercept was associated with lower risk than mono-antibodies for general infections (relative risk, 0.66) with high heterogeneity (I^2 = 79 percent).

"More well-designed long-term prospective studies would be important to strengthen these findings," the authors write.

More information: Full Text (subscription or payment may be required)

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