

AN INDIRECT COMPARISON OF ADALIMUMAB AND AZATHIOPRINE IN THE MANAGEMENT OF STEROID DEPENDENT INFLAMMATORY BOWEL DISEASE: A SINGLE CENTER REAL WORLD STUDY

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In steroid-dependent IBD patients naive to biologics and immunosuppressants, azathioprine achieved significantly higher clinical remission rates than adalimumab in ulcerative colitis, while both treatments showed similar effectiveness in Crohn's disease.

KEY POINTS

- This retrospective-prospective observational study compared adalimumab and azathioprine in 100 steroid-dependent IBD patients (54 Crohn's disease, 46 ulcerative colitis) enrolled between 2016 and 2022 at a tertiary referral center.
- In Crohn's disease, clinical remission rates were similar between adalimumab and azathioprine at all time points through week 84 (88.23% versus 92.85% at week 84, $p=0.670$), but adalimumab showed significantly higher treatment persistence (92.9% versus 42.3% retention, $p<0.001$).
- In ulcerative colitis, azathioprine demonstrated significantly higher clinical remission rates at weeks 36 and 60 (95.23% versus 33.33% at week 36, $p<0.001$) and higher cumulative probability of persistence in treatment ($p=0.016$).
- Adverse events occurred in 6 patients on adalimumab and 13 on azathioprine ($p=0.113$), with overall retention rates of 79.2% for adalimumab versus 55.7% for azathioprine ($p=0.013$).
- The authors suggest these findings support a different therapeutic approach for steroid-dependent Crohn's disease versus ulcerative colitis, though they note the data require confirmation in larger series.

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