Biologic treatment in elderly patients: specific safety concerns

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Rheumatoid arthritis frequently affects people older than 65 years. Although this patient group represents about one-third of the total RA patient population, our knowledge regarding the safety of biologics in these patients is still limited. On the one hand, this is due to the fact that they are frequently excluded from randomized controlled trials because of their co-morbidities, disability or age. On the other hand, rheumatologists are often hesitant in prescribing biologic agents to older patients.

The increasing use of biologic agents in patients older than 65 years raises the necessity to focus on this particular patient group and its specific risk profile. However, the option of transferring results found in younger patients onto the elderly is limited due to factors such as co-morbid conditions, co-medication or the age-related decline of the immune response. This decline enhances the patient's susceptibility to infections. Biologic agents or concomitant therapies may even increase this risk. Other safety concerns are prior malignancies, chronic heart failure or decreasing renal and hepatic efficiency.

Selected safety concerns such as risk of serious infections as well as frequency and spectrum of co-morbid conditions will be discussed drawing upon data from the German biologics register RABBIT. In RABBIT, 25% (n=1319) of the enrolled patients suffering from rheumatoid arthritis were older than 65 years at enrolment. As expected, the prevalence of co-morbidities increases with age: 90% of the patients > 65 years showed at least one co-morbidity, half of them even suffered from three or more co-morbid conditions.

Elderly patients suffering from rheumatoid arthritis should not be deprived of biologic agents; however, due to their specific risk profile a tight monitoring of these patients is of high importance.

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