中南大学学报(医学版) 2013, 38(7) 722-736 DOI: 10.3969/j.issn.1672-7347.2013.07.013 ISSN: 1672-7347 CN: 43-1427/R

论著

抗肿瘤坏死因子-α治疗类风湿关节炎致感染风险的Meta分析

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摘要： 目的: 通过系统评价3种国内常用抗肿瘤坏死因子-α (TNF-α)生物制剂治疗类风湿关节炎(RA)致结核等感染的风险, 以指导临床用药选择, 有效减少抗TNF-α生物制剂相关感染事件。方法: 采用Meta分析法定量系统评价受体型生物制剂依那西普、单克隆抗体型生物制剂英夫利西单抗、阿达木单抗3种常用抗TNF-α生物制剂治疗RA过程中发生感染、重症感染以及结核感染等的风险。结果: 抗TNF-α治疗组与未用抗TNF-α生物制剂的对照组比较, 结核风险没有统计学意义上的增高(0.5% vs 0.07%; P=0.27, OR=1.85, 95% CI:0.62~5.52), 但从临床角度分析, 依那西普治疗组1393例, 无结核发生报道, 而英夫利西单抗2050例, 共11例结核报道, 阿达木单抗722例, 共3例结核报道, 提示抗体型抗TNF-α生物制剂治疗相关的结核发生率有增高。抗TNF-α治疗组总感染风险、重症感染风险均高于对照组(P<0.05);不同种类抗TNF-α致感染风险不一, 依那西普致感染风险及重症感染风险最低, 与对照组比较差异无统计学意义(P>0.05), 而英夫利西单抗及阿达木单抗致感染风险及重症感染风险均显著高于对照组(P<0.05)。高剂量使用抗TNF-α生物制剂致重症感染风险高于对照组(6.0% vs 2.8%, P=0.04, OR=1.68, 95% CI:1.02~2.78)。结论: 单克隆抗体型抗TNF-α生物制剂所致感染风险较受体型抗TNF-α生物制剂高, 抗TNF-α治疗相关结核风险值得高度重视, 尤其是在高结核感染地区。

关键词： 抗肿瘤坏死因子-α 生物制剂 类风湿关节炎 感染 Meta分析

Meta analysis of infection risks of anti-TNF-α treatment in rheumatoid arthritis

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Abstract: Objective: To systematically evaluate the risks of anti-TNF-α treatment-associated infection, severe infection and tuberculosis in rheumatoid arthritis (RA) patients, and to reduce the infection incidences associated with anti-TNF-α therapy.
Methods: We used Meta analysis to systematically review randomized controlled trials on anti-TNF-α treatment associated risks of infecion, severe infection and tuberculosis in RA patients.
Results: Although no statistically significant differences were detected in TB risk between anit-TNF-α treatment and the control group (0.5% vs 0.07%; P=0.27, OR=1.85, 95% CI: 0.62-5.52), there still existed a clinically obvious elevation of TB risk in monoclonal anti-TNF-α treatment, which was illustrated by the results that no TB case was reported in the etanercept group, but 11 TBs in 2050 infliximab-treated cases, and 3 TBs in 722 adalimumab-treated cases. The total infection and severe infection risks were also significantly higher in patients receiving anti-TNF-α treatment (P<0.05). Subanalysis revealed that etanercept showed no significantly higher infection or severe infection risk than control group (P>0.05), while both kinds of monoclonal antibodies of TNF-α blockers showed a significantly elevated infection or severe infection risks (P<0.05). High doses of anti-TNF-α treatment were associated with statistically increased risks of severe infection (6.0% vs 2.8%, P=0.04, OR=1.68, 95% CI: 1.02-2.78).
Conclusion: The TB risk of anti-TNF-α treatment deserves close attention, especially in places with high rate of BCG vaccination and MTb infection. Monoclonal anti-TNF-α treatment brings higher risks of infection and severe infection than soluble TNF-α receptor.

Keywords: anti-tumor necrosis factor-α biological agent rheumatoid arthritis infection Meta analysis

收稿日期 2012-11-01 修回日期 网络版发布日期

DOI: 10.3969/j.issn.1672-7347.2013.07.013

基金项目:

国家自然科学基金(81172850)。

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