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THE USE OF IMMUNOSUPPRESSIVE AGENTS IN AUTOIMMUNE AND INFAMMATORY DISORDERS

The Use of Immunosuppressive Medications in Inflammatory and Autoimmune Disorders by Hope Starkman, MD

Many different medical specialists often find themselves in the position of having to decide to begin their patients on medications that suppress and /or weaken the immune system. When making this decision we must always take into account and weight out the risks, benefits and alternatives for that specific patient. Tailor those choices to those specific patients so to speak.

The most common medication group used as an anti-inflammatory and immunosuppressive agent is some form of steroid. Prednisone or Medrol are frequently used. Each steroid has a slightly different adverse effect potential and some have benefits over others in specific situations. As a group in general, however, steroids may pose the following risks over time: weight gain, propensity to develop or worsen existing diabetes, development of cataracts, purple stretch marks, bruising, electrolyte abnormalities, hypertension, infections both minor and major, hyperlipidemia, osteoporosis, avascular necrosis /osteonecrosis or bone death, fatty redistribution, moonlike facies, fatty hump on back of neck, hair loss, sweating, anxiety, irregular heart rates, elevated white blood cell counts, yeast infections, stomach and gastrointestinal disorders. These are the most common risks but other idiosyncratic and unpredictable events are also possible.

Steroids probably work more rapidly than most other medications to reduce inflammation and thus relieve pain and swelling, however and can certainly rapidly improve the quality of life of many different types of patients.

There are multiple Disease Modifying Agents(DMARDS) used in rheumatology practices that also work as potent antiinflammatories, disease modifying agents, ant rheumatics and antiinflammatories. These include drugs like Methotrexate, Imuran(Azathioprine), Sulfasalazine(Asulfadine), Arava(Leflunamide), Gold(Ridura and Solgonol), Cytoxan, Plaquenil (Hydroxychloroquine), Cyclosporine, Cellcept (Mycophenolate),to name a few. Each of the following agents has its own set of risks and disease groups that one may be preferred in over another. Many times it is the experience of the physician that helps to decide which agent will be utilized in which patient.

Newer Biologics are also available, as well, when either the above therapies fail, are not tolerated or would not work as well to control signs and symptoms of a condition or would not work as well to inhibit disease progression. These biologic agents usually work to target and prevent inflammation at the cellular and chemical level. There are different modalities in which the various groups of biologic agents can work. The most common modality is by blocking the function of tumour necrosis factor at various levels (anti-TNF agents).This is the type of biologic agent that has been available the longest for use in patients with inflammatory and autoimmune diseases. Some of the potential risks of the biologic agents that are not necessarily seen with steroids include the potential to develop other autoimmune disorders, multiple sclerosis like presentations, fluid retention and congestive heart failure, the possible development of malignancies and risk of reactivation of tuberculosis. All patients who are being considered for the use of a Biologic agent should have baseline PPD (tuberculosis screening) and possibly follow up TB skin tests during the course of their treatment. Live vaccines are contraindicated together with some of these biologic agents, as well. It should be noted that patients with chronic inflammatory disorders are generally at an increased risk of developing malignancies, like lymphomas, to begin with and treatment with medications that control the inflammation may actually lower the risk of potential malignancies.

Regardless of the decision to choose an immunosuppressive therapy, and when to institute its use, patients should be made aware of all of the potential risks, benefits and alternatives of their choice. The choice should be well thought out and agreed upon by both the patient and the prescribing physician and appropriate monitoring of the labs, physical changes, vital signs, and potential side effects on a regular basis is a must and is nonnegotiable.