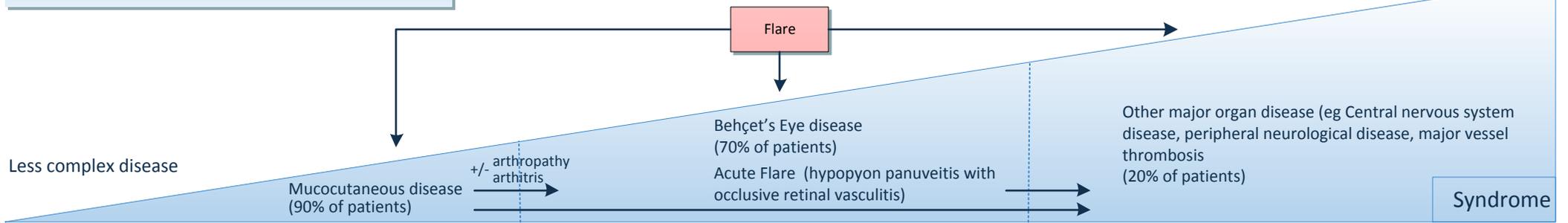


Behçet's Disease: Drug pathway

Severe disease

Less complex disease



Initial therapy

Oral colchicine 500microg bd
Topical steroid (mouthwash, gel, spray)
Topical non-steroidal (anti-inflammatory mouthwash)
Triple mouthwash
Antibiotics

70% Effective Ineffective 30%

Step up therapy

Azathioprine 2.5 mg/kg (up to dose 200mg/day)
or
Tacrolimus up to 4mg bd (dosed on plasma trough concentration)
or
Steroid – variable daily, monthly, yearly intramuscular (120 mg depomedrone up to 6 times/yr)
Intravenous (1,000mg depomedrone once a yr)
oral variable dose

66% Effective Ineffective 33%

TNF inhibitor

Infliximab 5mg/kg for 4 doses then swap to either adalimumab 40mg eow or etanercept 50mg once a week

Stop therapy after 6 months. Restart if flare (70% flare within 3 mnths)

The bottom line: mucocutaneous disease -
75% patients taking baseline drugs
20% patients on step up therapy
5% patients requiring TNFi

Initial acute therapy

Steroid
Topical; Intraocular; Intravenous (3x1000mg); Oral (prednisolone 1mg/kg/day)

Maintenance therapy
oral steroid
azathioprine 2mg/kg/day
ciclosporin 2.5-5mg/kg/day

80% Effective Ineffective 20%

Flare in 50%

TNF inhibitor

Infliximab 5mg/kg for 4 doses then swap to either adalimumab 40mg eow or etanercept 50mg once a wk

Stop therapy after 24 months. Restart if flare (70% flare within 3 mnths)

90% Effective Ineffective 10%

Interferon alpha

Average dose 30mcg once a wk for 6 mnths (restart if flare)

or
Rituximab
One cycle of 2 infusions @1,000mg/infusion

The bottom line: eye disease -
85% patients taking baseline drugs
10% patients requiring TNFi
5% patients requiring IFN/rituximab

Initial therapy

Initial therapy
Intravenous steroid

Azathioprine 2.5 mg/kg per day

50% Effective Ineffective 50%

Step up therapy

Cyclophosphamide (intravenous pulses 10mg/kg at increasing intervals 0, 2, 4, 8, 12, wks)

50% Effective Ineffective 50%

Biological agent

Infliximab 5mg/kg for 4 doses then swap to either adalimumab 40mg eow or etanercept 50mg once a wk. Stop therapy after 6 mnths. Restart if flare (70% flare within 3 mnths)

Rituximab

CAMPATH

The bottom line: other major organ flare -
60% patients taking steroid/azathioprine
30% patients on cyclophosphamide
10% patients requiring a biologic agent

Drugs