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Use of biologic agents for rheumatic diseases in pregnancy

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Use of biologic agents in the late 1990s have inaugurated a new era in the treatment of inflammatory rheumatic diseases. In recent years, several biologic agents have been approved by Food and Drug Administration (FDA) and have offered an alternative treatment for the patients failing conventional therapy. Although there is a tendency for clinical remission during pregnancy, in some cases, continuing with treatment throughout pregnancy may be necessary. Since important anti-rheumatic agents such as methotrexate and leflunomide have teratogenic effects, biologic therapy may be an option for pregnant women with high disease activity. Safety of these agents during pregnancy is still a matter of debate due to absence of drug trials conducted in pregnant women and their use during pregnancy is not recommended. However, cumulative data suggest that rate of birth defects following prenatal exposure to biologic agents appear to be comparable with that expected in the general population. The decision to use biologic agents during pregnancy is difficult. The benefits of biologic agents must outweigh the risks to the fetus/embryo or mother. This review provides published data on use of biologic agents including etanercept, infliximab, adalimumab, certolizumab pegol, golimumab, tocilizumab, rituximab, anakinra and abatacept for rheumatic diseases during pregnancy.

Biography

Yesim Garip has completed her MD at Gazi University School of Medicine, Ankara, Turkey (2003) and completed training in the medical specialty of physical medicine and rehabilitation at Numune Training and Research Hospital, Ankara, Turkey (2009). She is the Director of a physical therapy and rehabilitation center. She has published about 30 papers in journals and 2 of her papers were awarded in international congresses. She has been serving as an Editorial Board Member of *Journal of Orthopedics, Rheumatology and Sports Medicine and World Journal of Rheumatology.*

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