



Humira (adalimumab)

What is Humira?

Humira (also referred to by its generic name, adalimumab) is a biologic medication that is used to treat severe psoriasis and/or psoriatic arthritis. Biologics are modern medications that are made using living cells, designed to change or mimic processes within the human body. Humira is taken by injection.

You can read more about who Humira is suitable for in the 'Who is it for?' section on this sheet.

How does Humira work?

Humira blocks tumour necrosis factor-alpha (TNF alpha) a chemical 'messenger' in the immune system that signals other cells to cause inflammation. There is too much TNF alpha in the skin of people with psoriasis and the joints of people with psoriatic arthritis, which causes inflammation and can lead to tissue and joint damage. TNF alpha can also lead to increased activity of the immune system by switching on certain white blood cells in the body, called T Cells. Once T cells become overactive they can trigger inflammation and other immune responses, encouraging the development of psoriasis.

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Humira helps lower the amount of TNF alpha to more normal levels, and switches off the inflammatory cycle of psoriasis and psoriatic arthritis. This leads to improvement in symptoms for many people who take it.

Who is Humira for?

Humira can be prescribed to treat severe plaque psoriasis in adults and children over the age of four. Usually it will only be offered to people who have not responded to, or cannot take non-biologic systemic treatments including ciclosporin, methotrexate or PUVA light therapy.

Humira can also be prescribed to treat active and 'progressive' (worsening) psoriatic arthritis in adults, if the response to other disease modifying anti-rheumatic drug treatments has been inadequate. This means that if you have taken treatments such as methotrexate, sulfasalazine or leflunomide for your psoriatic arthritis without a good response, you could be offered Humira.

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Who should not take Humira?

- People with active infections should not start Humira. You will be tested to check for infections before starting treatment.
- In most cases, pregnant women should not be treated with Humira and women should not breastfeed during treatment with Humira. Women should not fall pregnant or breast feed for five months after treatment has stopped.
- Humira should be used with caution in people with multiple sclerosis or other similar types of demyelinating (destruction of nerve tissue) neurological diseases. Your Dermatologist or Rheumatologist should discuss this with you, if relevant.
- Humira should also be used with caution in elderly people, those with already impaired immune systems, or a history of heart failure or cancer. Again, your Dermatologist or Rheumatologist will discuss this with you, if relevant.

How is Humira used?

Individuals take Humira at home by giving themselves an injection under the skin via a pre-filled 'pen' device. Most people will be trained by a nurse to give the injection to themselves. Humira is taken every other week after the initial dose. Humira can be prescribed by itself or is sometimes used in combination with methotrexate.

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People taking Humira will have regular blood tests every three to six months- usually carried out by Dermatology Nurses, or by their own GP- to monitor for infections or other possible effects of the treatment. People taking Humira should have an annual flu jab, but should check with a doctor or nurse before having any other vaccinations or taking other medication.

What are the side effects?

As with all medications, some side effects are possible when taking Humira. It is important to remember that not every person taking a medication will get all, or even any, of the possible side effects listed. Many side effects of Humira are mild and do not cause most patients to stop taking it.

The most common side effects for people taking Humira include dizziness, sore throat, cough, stomach pain, injection site reactions (irritation, redness or swelling around the area that Humira as injected), upper respiratory infections (such as sinusitis), headache and tiredness. Because Humira works by suppressing part of the activity in the immune system, it can make people taking it more prone to infections than they usually would be. If a serious infection occurs a doctor will most likely stop Humira.

Although side effects are possible with this, and any, treatment, it is important to remember that people taking Humira have regular blood tests to check for health issues. If you are worried about the side effects of Humira, you should discuss these with your doctor.

How long will Humira take to work?

It can take a number of weeks before a person's psoriasis or psoriatic arthritis improves on Humira. If considerable improvement is not seen in four months, treatment with Humira will be stopped. If this happens, a Dermatologist or Rheumatologist should discuss the next available options with you - there are a number of other biologic or systemic treatments that can be tried if Humira does not work.

How safe and effective is Humira?

Humira has been used to treat psoriasis in the UK since 2008. 'Real-world' safety and effectiveness data is being compiled by the British Association of Dermatologists Biologics Interventions Register (BADBIR). It is recommended that all people taking biologic treatments for their psoriasis should be asked for their data to be included in this register.

For more information on BADBIR, please see the website: www.badbir.org

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The information in this resource is not intended to replace that of a healthcare professional: If you have any concerns or questions about your treatment, do discuss this with your doctor and **always read the patient information leaflet** to make sure you are using them correctly. For more information, or for a list of resources used in the production of this information sheet, please contact the Psoriasis Association.

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