

Dr. Russell Cohen discusses the reasons behind switching a biologic

Video Transcript

Hi. I'm Dr. Russell Cohen, professor of medicine and Director of Inflammatory Bowel Disease Center at the University of Chicago. Today we're going to talk about biological therapies, in particular why do we switch biological therapies in some patients with inflammatory bowel disease? Biological therapies have been real big breakthroughs for us and for our patients. Currently they're all delivered by intravenous or by shot, but that may change in the future.

There are many reasons why we may decide to change your therapy. The first is obvious, the therapy doesn't work anymore. Many times we'll first try to determine why is it not working with a blood test that may help us determine whether your body is absorbing the medicine appropriately, whether it has good levels in your bloodstream, or whether you have actually developed antibodies against that biological therapy. In the last example, if you have made your own antibodies against the biologic therapy, it's a simple answer. We would switch you to a new one and hope that you don't make antibodies against that one, as well.

Sometimes patients develop joint pains to one of the biologic therapies which can be either due to develop antibodies to the therapy, as I've already mentioned. It could be due to a certain allergic reaction, if you will, against the medicine. Or sometimes we don't know why they get that reaction. But that also would be a reason why we would change to a different biological therapy.

Once in a while, we do get patients who develop another medical condition where it's apparent that it would be better for us to use a different biological therapy for them. For example, if they suddenly develop problems with their joints or other inflammatory diseases, we might choose a medicine that covers not just Crohn's disease and ulcerative colitis, but also covers Rheumatoid arthritis, or psoriasis, or another condition that they may have developed.

Occasionally we get pressure to change biological therapies from the patient's insurance company. We typically try to avoid doing this, the reason being that we don't have very many biological therapies. And for us to switch and then to switch back would be not only confusing sometimes for the patient, but also can make a patient more prone to develop antibodies against that therapy, rendering it useless. I hope this has been a helpful review for some of the reasons why we might change biological therapies. There might be others, and you should discuss these with your physician. This is Dr. Russell Cohen, thank you for joining me today.