

Recommendation on colchicine dosing and definition of colchicine resistance/ intolerance in the management of FMF

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Prof. Kümmerle-Deschner talked about FMF and how colchicine is the drug of choice. Ca. 5 to 10% of all FMF patients are intolerant or resistant to colchicine. Anti-IL-1 therapy has been shown to be effective in clinical trials and case series.

The Delphi online survey questionnaire can be used to define colchicine intolerance, QoL (Quality of life) and PRO (patient-reported outcomes). It was developed based on literature review and consensus (general agreement) of 80% was achieved among the 14 participating AID experts.

These topics were presented, discussed, voted and revised: compliance, dose adjustment criteria, recommended maximum colchicine dose, resistance to colchicine, inclusion of secondary amyloidosis in the definition of colchicine resistance, colchicine intolerance, and patient quality of life and patient-reported outcomes.

Compliance (the degree to which a patient correctly follows medical advice) is a key issue but also a critical issue. It is assumed that the patient is compliant with colchicine treatment.

Dose adjustment criteria: It is recommended to adjust the dose based on disease activity.

The recommended maximum colchicine dose for the treatment of FMF ranges between 1-3mg per day, depending on age, signs of toxicity and tolerability.

Resistance to colchicine is characterized by ongoing clinical disease activity and/or serologic evidence of inflammation (i.e blood test) in between attacks despite receiving the max. tolerated dose of colchicine. It also reflects as recurrent clinical attacks (one or more attacks per month over a 3-month period) or persistently elevated CRP or SAA in between attacks in the absence of any other plausible explanation.

Inclusion of secondary amyloidosis in the definition of colchicine resistance: AA amyloidosis develops as a consequence of persistent inflammation, which may be a manifestation of colchicine resistance.

Colchicine intolerance generally manifests as gastrointestinal symptoms (diarrhoea and nausea).

Impact on Quality of life (QoL): Active disease and intolerance to colchicine affects quality of life.

Patient-reported outcomes (PROs) are useful in guiding FMF disease management. For example: restriction in daily activity, fatigue and chronic pain, missed work/school days, AIDAI, JAIMAR, generic QoL measures.

A set of core statements have been developed by experts to define colchicine resistance/intolerance in FMF patients. These definitions are intended to improve patient care and may be used by clinicians and health authorities to guide stepwise treatment approach in individuals with FMF.

Patients with FMF should receive a personalized treatment plan.