

# Biologic Disease-Modifying Antirheumatic Drugs Do Not Increase Risk for Periprosthetic Joint Infection

Daniel Hameed<sup>1</sup>, Sandeep Singh Bains<sup>2</sup>, Jeremy Dubin<sup>2</sup>, Zhongming Chen, Brittany Oster, Craig Shul<sup>3</sup>, James Nace, Michael A Mont, Ronald Emilio Delanois<sup>4</sup>

<sup>1</sup>Rubin Institute For Advanced Orthopaedics, <sup>2</sup>Sinai Hospital, <sup>3</sup>UMMC, <sup>4</sup>Rubin Institute for Advanced Orthopedics

**INTRODUCTION:** Over 25% of patients who have rheumatoid arthritis (RA) are expected to undergo a joint arthroplasty during their lifetime. Given the immunosuppressive effects of biologic therapies, current practice guidelines recommend withholding these treatments for at least one week prior to total hip arthroplasty (THA). Most patients are on a regimen including biologic and non-biologic therapies; however, the effects of these therapies on THAs are not well understood. Therefore, we sought to compare RA patients who received biologic, nonbiologic, and combined therapy prior to undergoing THA. Specifically, we assessed: 1) periprosthetic joint infections (PJI); 2) other medical and surgical complications; as well as 3) independent risk factors for PJI.

**METHODS:** A retrospective review was conducted using a national, all-payer database for patients undergoing primary THA from January 1, 2010 to April 31, 2020. Patients diagnosed with RA were then separated into at least one-year users of biologic (n = 1,403), nonbiologic (n = 12,470), or both (n=5,315) therapies. Multivariate regression models were utilized to assess for independent risk factors.

**RESULTS:** No differences in rates of 90-days and one-year PJIs were found between all groups (p > 0.439). Additionally, the incidences and odds ratios (ORs) for other medical and surgical complications were equivocal among recipients of biologic, non-biologic, and both types of therapy (p > 0.05). Furthermore, no combination of therapies was identified as risk factors for infection (p > 0.080). However, diabetes mellitus and tobacco use were identified as additional risk factors for PJIs at all timepoints (all p = 0.001).

## DISCUSSION AND CONCLUSION:

No differences in PJI rates as well as medical or surgical complications were associated with use of biologic, nonbiologic, or both therapies by patients who have RA. These results should factor into surgeon decision making for these patients.

**Table 1. Demographics and Baseline Characteristics**

	Biologics (n = 1,403)	Combination Therapy (n = 5,315)	Non-Biologics (n = 12,470)	p-value
Age (SD)	60 (11.41)	61 (11.37)	61 (11.31)	
Sex				
Female	1064 (77.56%)	4113 (77.38%)	9734 (78.02%)	<0.001
Male	339 (24.44%)	1202 (22.62%)	2736 (21.98%)	
CCI*†‡	18 (1.30%)	78 (1.48%)	209 (1.67%)	0.001
DM§	55 (3.93%)	219 (4.13%)	581 (4.64%)	0.42
Obesity	69 (4.92%)	258 (4.86%)	628 (5.03%)	<0.001
Glucocorticoid Use	1229 (87.62%)	5887 (95.72%)	10888 (90.79%)	<0.001
Tobacco Use	46 (3.28%)	224 (4.22%)	560 (4.46%)	0.197

CCI: Chronic Comorbidity Index; DM: Diabetes Mellitus; \*CCI: Chronic Comorbidity Index; †CCI: Chronic Comorbidity Index; ‡CCI: Chronic Comorbidity Index; §CCI: Chronic Comorbidity Index

**Table 2. Bivariate analysis of post-operative outcomes**

	Biologics (n = 1,403)	Combination Therapy (n = 5,315)	Non-Biologics (n = 12,470)	p-value
<b>90-day Complications</b>				
Blood Transfusion	12 (0.86%)	48 (0.90%)	133 (1.07%)	0.453
Cardiac Arrest	0 (0.00%)	*	16 (0.13%)	0.274
CVA	*	14 (0.26%)	35 (0.28%)	0.884
DVT	25 (1.78%)	98 (1.84%)	270 (2.17%)	0.293
MI	*	14 (0.26%)	40 (0.32%)	0.341
PE	*	35 (0.48%)	116 (0.93%)	0.101
PNA	23 (1.64%)	81 (1.52%)	242 (1.94%)	0.144
PF	11 (0.78%)	40 (0.75%)	127 (1.02%)	0.974
Pathological Fr.	12 (0.86%)	56 (1.05%)	141 (1.13%)	0.614
PPF	*	20 (0.29%)	70 (0.56%)	0.881
PJI	23 (1.64%)	109 (2.05%)	284 (2.28%)	0.469
SSI	37 (2.64%)	145 (2.73%)	331 (2.65%)	0.561
Amputations	41 (2.92%)	143 (2.69%)	339 (2.72%)	0.429
<b>1-year Complications</b>				
Pathological Fr.	17 (1.21%)	70 (1.32%)	176 (1.41%)	0.768
PPF	13 (0.93%)	40 (0.75%)	107 (0.86%)	0.719
PJI	30 (2.14%)	135 (2.54%)	340 (2.73%)	0.439
SSI	47 (3.35%)	200 (3.76%)	477 (3.83%)	0.366
Amputations	130 (9.27%)	490 (9.23%)	1099 (8.81%)	0.083

\*Consistent with significance with the baseline confounding adjustment  
Fr: Fracture; PPF: Periprosthetic Fracture; PJI: prosthetic joint infection; SSI: surgical site infection; CVA: Cerebrovascular Accident; PE: Pulmonary Embolism; PNA: Pneumonia; MI: Myocardial Infarction; DVT: Deep Vein Thrombosis

**Table 3. Odds Ratio of Complications**

	Combination Therapy	Non-Biologics
	OR	95% CI
<b>90-day Complications</b>		
Blood Transfusion	1.08	0.56-1.99
Cardiac Arrest	*	*
CVA	1.23	0.55-2.29
DVT	1.04	0.66-1.65
MI	1.85	0.42-8.15
PE	1.19	0.55-2.56
PNA	0.93	0.58-1.48
PF	0.96	0.46-1.99
Pathological Fr.	1.23	0.66-2.31
PPF	0.88	0.42-1.86
PJI	1.11	0.63-1.99
SSI	1.12	0.78-1.61
Amputations	1.05	0.74-1.49
<b>1-year Complications</b>		
Pathological Fr.	1.09	0.64-1.82
PPF	0.81	0.40-1.62
PJI	1.19	0.80-1.78
SSI	1.13	0.82-1.56
Amputations	1.01	0.81-1.24

Fr: Fracture; PPF: Periprosthetic Fracture; PJI: prosthetic joint infection; SSI: surgical site infection; CVA: Cerebrovascular Accident; PE: Pulmonary Embolism; PNA: Pneumonia; MI: Myocardial Infarction; DVT: Deep Vein Thrombosis

**Table 4. Multivariate logistic regression for PJI**

	OR*	95% CI	p-value
<b>90-day PJI</b>			
Male	0.82	0.61-1.09	0.177
Age < 60	1.68	1.05-2.57	0.023
Alcohol Abuse	2.17	0.90-4.45	0.054
Diabetes Mellitus	1.60	1.21-2.10	0.001
Glucocorticoid Use	0.92	0.72-1.17	0.497
Obesity	1.45	1.04-1.97	0.023
Tobacco Use	1.67	1.23-2.24	0.001
Biologics	0.41	0.13-0.98	0.080
Both Drugs	2.44	0.90-8.48	0.110
<b>1-year PJI</b>			
Male	0.83	0.64-1.07	0.167
Age < 60	1.57	1.01-2.33	0.035
Alcohol Abuse	2.04	0.90-4.02	0.039
Diabetes Mellitus	1.53	1.18-1.97	0.001
Glucocorticoid Use	0.91	0.74-1.14	0.423
Obesity	1.36	1.00-1.81	0.043
Tobacco Use	1.58	1.19-2.07	0.001
Biologics	0.59	0.25-1.18	0.178
Both Drugs	1.79	0.80-4.55	0.182

\*Referent group: non-Biologic cohort  
OR: odds ratio; 95% CI: 95% confidence intervals