Association of several variables with pain reduction was checked through median regression models.

**Results** Injection pain reduction (VASPOST–VASPRE) was statistically significant for all pathologies (p<0.001).

Statistically significant differences observed for:
- VASPRE: RA vs psoriasis (p=0.0403): IBD vs psoriasis (p=0.0207).
- Injection pain reduction (VASPOST–VASPRE): IBD vs psoriasis (p=0.0117).

For IBD, antidepressants treatment (four patients, 10.8%) vs previous anti-tumour necrosis factor (TNF) treatments, duration of treatment with vedolizumab, dose intensification (interval shortening from 8 to 4 weeks), effectiveness and safety.

**Conclusion**
- Most patients reported better tolerance to the new formulation of original adalimumab, independently of the pathology.
- Pain with the ancient formulation was higher in IBD and RA than in psoriasis patients, and pain reduction was higher in IBD than in psoriasis ones.
- In IBD patients, those receiving antidepressant had a lower perception of pain maybe due to the analgesic action of these drugs.
- It would be interesting to consider these pain reduction results when developing biosimilar adalimumab formulations.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

None.

No conflict of interest.