Current picture of Rheumatoid Arthritis Care

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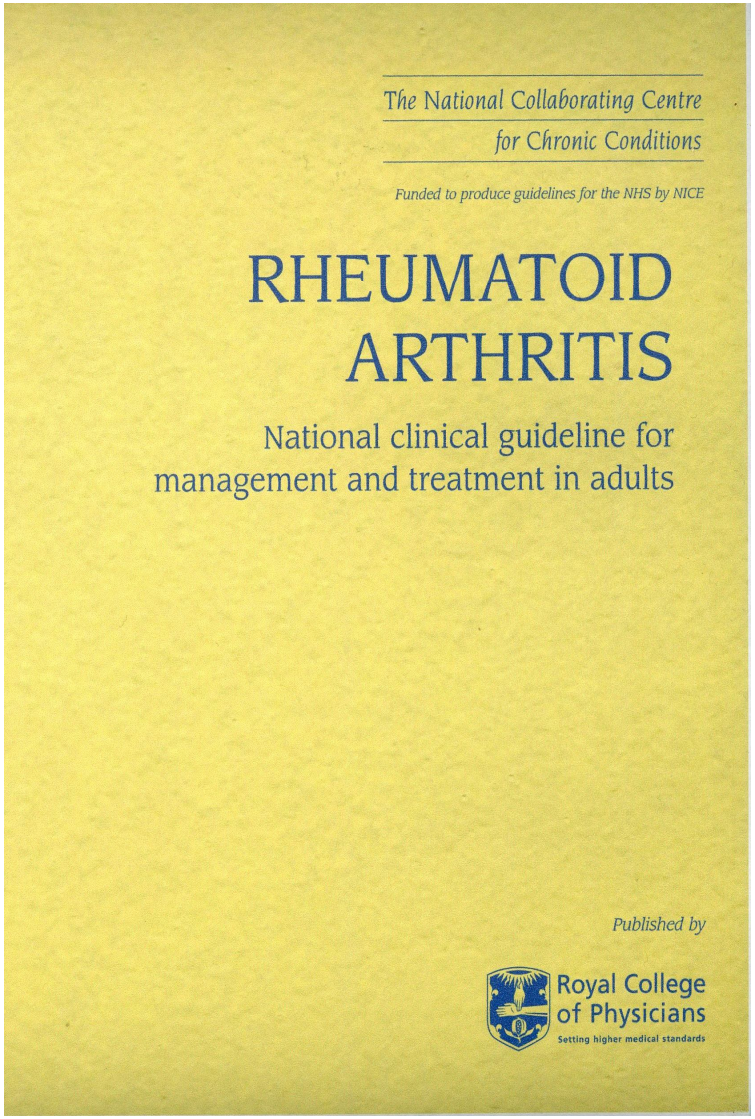
What are we aspiring towards?



Key Recommendation

- Refer for a specialist opinion any person with suspected persistent synovitis of undetermined cause. Refer urgently if any of the following apply:
  - The small joints of the hands and feet are affected
  - More than one joint is affected
  - There has been a delay of 3 months or longer between onset of symptoms and seeking medical advice

Key Recommendation

- In people with newly diagnosed active RA, offer a combination of DMARDs (including methotrexate and at least one other DMARD, plus short-term glucocorticoids) as first-line treatment as soon as possible, ideally within three months of the onset of persistent synovitis

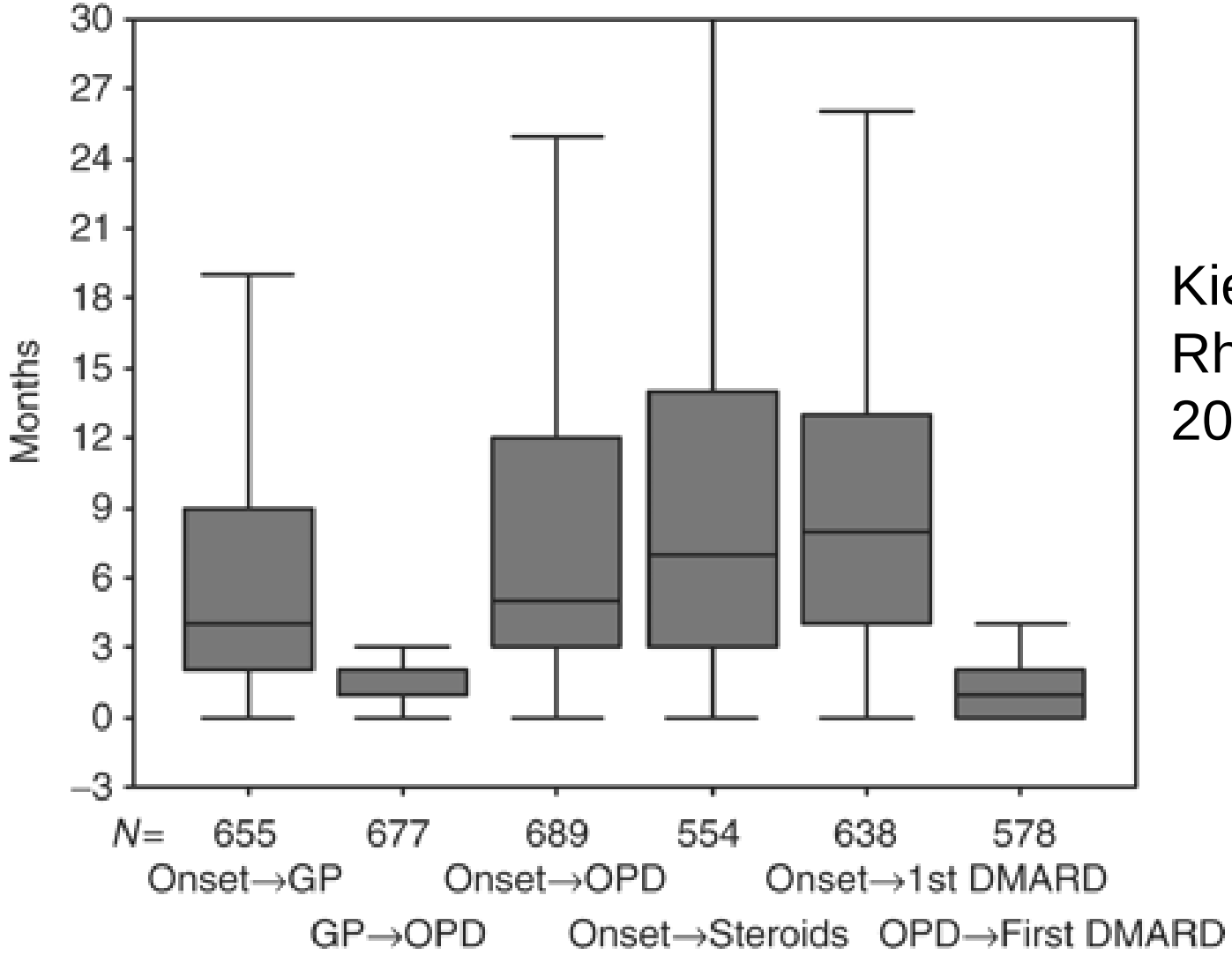
Key Recommendation

- In people with recent onset active RA, measure CRP and key components of disease activity (using a composite score such as DAS28) monthly until treatment has controlled the disease to a level previously agreed with the person with RA

How are we doing?

- NAO – not well
- Recent study: Kiely P et al. Contemporary patterns of care and disease activity outcome in early rheumatoid arthritis: the ERAN cohort. Rheumatology 2009;48:57-60
- 808 newly diagnosed RA patients 2002-2007

What is the delay and why?



Kiely P et al.
Rheumatology
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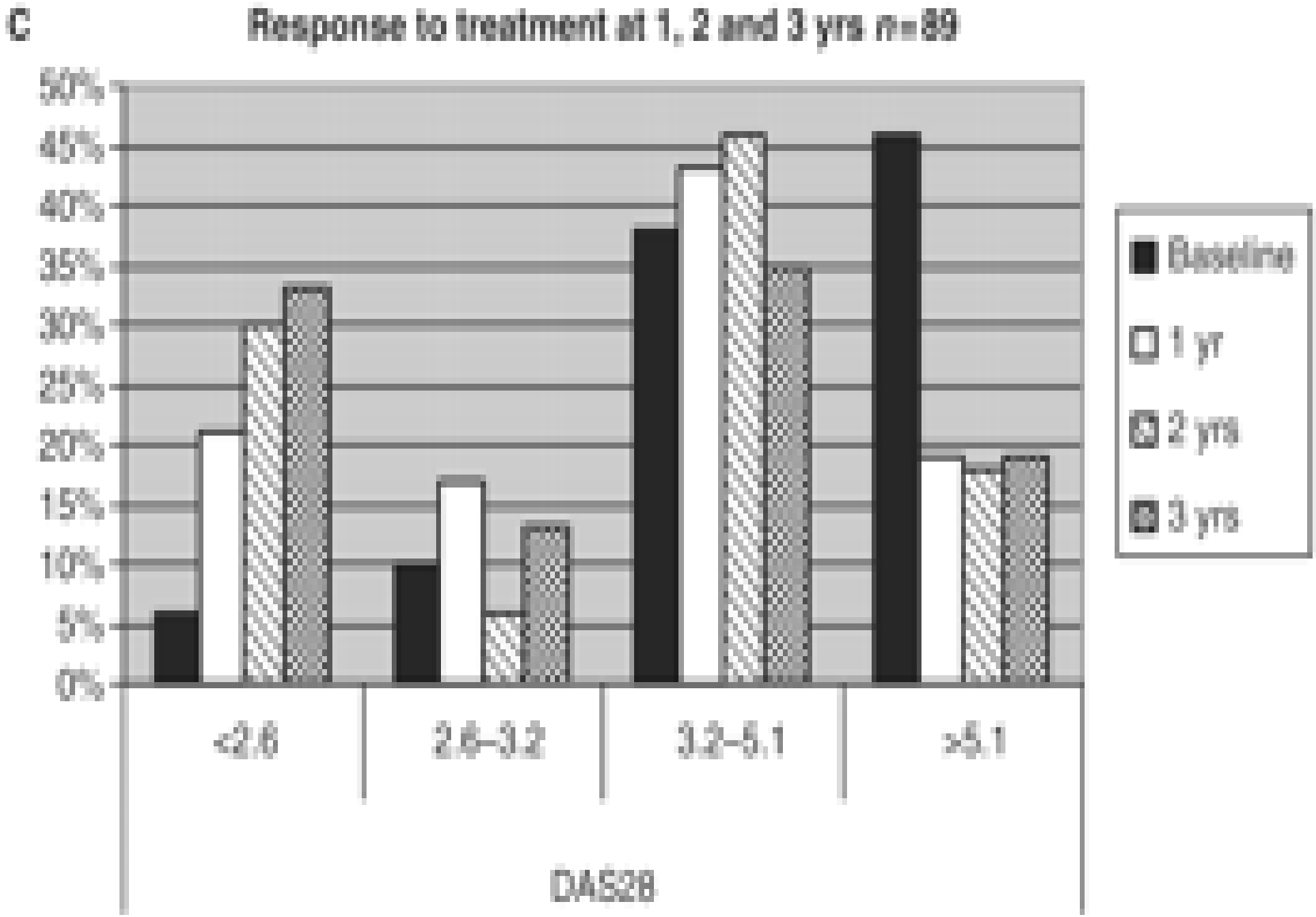
What happens next?

- 91% of patients go onto monotherapy
- 9% go onto combination therapy


C
Response to treatment at 1, 2 and 3 yrs n=89
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
<2.6
2.6–3.2
3.2–5.1
>5.1
DAS28
Baseline
1 yr
2 yrs
3 yrs

By Contrast

- Triple therapy in early active RA. Saunders SA et al. A&R 2008;58:1310-17
- DAS28 at 12 months dropping by -4.0 and -3.3, 45% and 33% in DAS28 remission

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Cost saving

- van der Kooij SM. Drug-free remission, functioning and radiographic damage after 4 years of response-driven treatment in patients with recent-onset RA. Ann Rheum Dis. 2009;68:914-21.
- 4 years of follow-up
- 39% of patients with sequential monotherapy needed ant-TNF
- Compared with 11% and 20% of combination strategies

Conclusion

- Current picture of RA care
- Medical model
- We are not treating RA:
  - Early enough
  - Aggressively enough
  - Cost-effectively enough