

Introduction

Recent literature suggests that the course of RA has become milder over time, possibly due to more aggressive treatment strategies.

BRASS

We studied trends of disease activity in a large singlecenter cohort of RA patients over two years.

Methods - Data Collection

Patients enrolled in Brigham Rheumatoid Arthritis Sequential Study (BRASS), a large single center cohort of RA patients in which demographic, genetic and functional status data is collected (2003-present).

Baseline and annual data collected:

- tender joint count (TJC)
- -swollen joint count (SJC)
- -patient global assessment (PGA)
- -evaluator global assessment (EGA)
- –physical function
- -comorbidities
- -inflammatory markers: ESR and CRP
- -medication use

Every six months, subjects queried by mail regarding medication changes, physical function and comorbidities.

Methods - Statistical Analysis

Differences in medication use from baseline to 24 months analyzed using McNemar's Test

Trends in DAS28-CRP over 24 months analyzed using mixed model, adjusting for age, gender, and disease duration.

Contemporary Trends in Rheumatoid Arthritis Disease Activity Reduction and Medication Use

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Results

(N=961) Female, n (%) Age, mean years (SD) **Disease Duration, mean years (SD)** MDHAQ, median

DAS28-CRP3, mean (SD) RF positive, n (%) CCP positive, n (%) Medications, n (%) None **Narcotics NSAIDS** Corticosteroids Plaquenil Sulfasalazine Leflunomide Azathioprine MTX without anti- TNF MTX with anti-TNF

Anti-TNF without MTX

Figure 1: Anti-TNF Use Increases Over 24 Months

146 (15.2)

188 (19.6)



*For 591 subjects for whom medication data is available at baseline and 24 month follow up

Figure 2: Mean DAS28-CRP Decreases Over 24 Months









•In this large single-center clinical cohort, there was a significant trend toward a decrease in average disease activity from baseline to 24 months of follow-up

•During this same time period, utilization of TNF inhibitors increased and NSAID and steroid use decreased.

•While it is difficult to correlate these observations in a non-trial setting, the trends are compelling, and consistent with findings in large clinical trials of biologic therapies.

•Anti-TNFs associated with greatest improvement, but also administered to subjects with worst DAS28-CRP. (Possible confounding by indication)



Results cont'd







Conclusion

Limitation