Control of disease activity and biologic treatment increase life expectency in RA patients

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According to a study presented today at EULAR 2012, the Annual Congress of the European League Against Rheumatism, patients with rheumatoid arthritis (RA) who are prescribed biologic treatments have a significantly lower mortality risk (adjusted hazard ratio [HR]: 0.61) than those just treated with traditional disease modifying anti-rheumatic drugs (DMARDs).The study also found the mortality was similar irrespective of the method of action of biologics (anti-tumour necrosis factor drugs [anti-TNFs] or rituximab).

Results of the German study of 8,908 patients demonstrated that the mortality rate decreased from 20.6 in those treated with non-biologic DMARDS to 10.6 in those exposed to anti-tumour necrosis factor (anti-TNFs) drugs, and likewise to 12.7 for those treated with rituximab.

Further analyses showed that men and women with RA had a shortened life expectancy of 2.2 years compared to the general population. Patients with a mean DAS28* below 4.1 had normal life expectancies whereas of patients with a mean DAS28 score of >4.1 women died 5.6 years earlier than age and sex matched subjects from the general population, whilst males died 4.8 years earlier.

"It is well-known that patients with RA have lower life expectancies than the general population," said Dr. Joachim Listing, German Rheumatism Research Centre Berlin, Germany and lead study author. "Our study

demonstrates the positive impact that biologic treatment can have on patient's life expectancy.

According to the researchers, a significant association between disease activity and mortality risk was observed by multivariate Cox regression within the patient sample. Cox proportional hazard regression was applied to investigate the influence of the time varying DAS28 scores, functional capacity and treatments on mortality risk after adjustment for age, sex, eight co-morbid conditions and smoking. The primary analysis was based on a risk window approach assuming the patient was exposed to biologic DMARD treatment up to six months (12 months for rituximab) after the last dose. Mean observation time was 3.5 years.

Results of a separate study show that early remission is associated to better overall survival.

Results of a large observational study presented at EULAR show early and sustained remission are associated with a decreased all-cause mortality in patients in inflammatory polyarthritis. The analyses from the Norforlk arthritis register, a large population-based inception cohort of inflammatory polyarthritis established in 1990, showed that achieving remission at least once within the first three years of follow-up was associated with improved survival (adjusted HR=0.75 (0.59, 0.95), 95% CI). Number of times in remission was also associated with decreased all-cause mortality. Patients who were in remission for one year after their first assessment had the greatest reduction in mortality risk compared to patients who didn't achieve remission within the first three years (adjusted HR=0.66 (0.47, 0.92)), while patients who achieved remission at year two or three showed a progressive loss of the beneficial effect of achieving remission. This indicates that achieving remission at an early stage in the disease process is essential to improving outcome for patients with polyarthritis.

More information: Abstract Number: OP0047, OP0126

*HAQ DI (Health Assessment Questionnaire – Disease Index) is a patient questionnaire that measures function and health-related quality of life through measuring a patient's ability to perform everyday tasks.

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