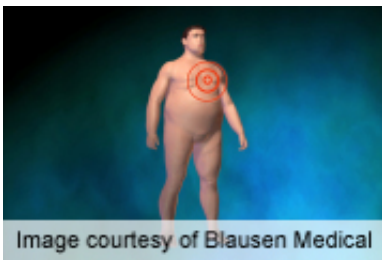


Obesity is a risk factor for poor remission rates in RA

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For patients with long-standing rheumatoid arthritis treated with anti-tumor necrosis factor- α therapies, obesity is related to poor remission rates, according to a study published online June 21 in *Arthritis Care & Research*.

(HealthDay) -- For patients with long-standing rheumatoid arthritis treated with anti-tumor necrosis factor- α (anti-TNF α) therapies, obesity is related to poor remission rates, according to a study published online June 21 in *Arthritis Care & Research*.

Elisa Gremese, M.D., of the Catholic University of the Sacred Heart in Rome, and colleagues conducted a study involving 641 outpatients with long-standing rheumatoid [arthritis](#) receiving anti-TNF α blockers (260 treated with adalimumab, 227 with etanercept, and 154 with infliximab) to examine the impact of obesity on remission. [Patients](#) were recruited from 2006 to 2009 and monitored for 12 months or longer.

The researchers found that, at baseline, 10.3 percent of patients had a

body mass index (BMI) in excess of 30 kg/m², and the disease activity score (DAS28) was 5.6 ± 1.4. After 12 months of anti-TNF α treatment, 15.2 percent of obese patients had a DAS28 below 2.6, compared with 30.4 percent of patients with a BMI of 25 to 30 kg/m² and 32.9 percent of patients with a BMI of less than 25 kg/m² (P = 0.01). Infliximab was associated with the lowest percentage of remission, which was significantly lower than either etanercept or adalimumab.

"Obesity represents a risk factor for a poor remission rate in long-standing [rheumatoid arthritis](#) treated with anti-TNF α ," the authors write. "A personalized treatment might be a possible solution."

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