

# 50 percent of rheumatoid arthritis patients discontinue medication within the first two years

June 13 2013

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Data presented at EULAR 2013, the Annual Congress of the European League Against Rheumatism, show that up to one-third of rheumatoid arthritis (RA) patients discontinue or change therapy within the first year of treatment.

Loss of efficacy was the most common reason given (35.8%), followed by safety (20.1%), physician or patient preference (27.8% and 17.9%, respectively) and access to [treatment](#) (9.0%). Rates and rationale for treatment discontinuation were similar for both [tumour necrosis factor inhibitors](#) (TNFi) and non-TNFi biologics.

RA is a [chronic autoimmune disease](#) that principally attacks flexible joints. Affecting approximately 1 in 100 people worldwide, RA can cause pain, stiffness, progressive joint destruction and deformity, and reduce physical function, quality of life and life expectancy. At least 50% of RA [patients](#) in developed countries are unable to hold down a full-time job within 10 years of onset.<sup>2</sup>

Lead author of the study, Vibeke Strand, MD, Clinical Professor, Stanford University School of Medicine, Portola Valley, California, USA, said, "RA is a [progressive disease](#) which, if left untreated, can significantly and permanently reduce joint function, patient mobility and quality of life. Studies have shown that patients sustain maximum benefit from RA treatment in the first two years<sup>3</sup> – yet our data

highlight significant discontinuation rates during this time period."

Dr. Strand continued, "While there is no cure for RA, initiating treatment early and improving adherence can enable patients to lead active and productive lives. These data are derived from a US experience, which is associated with a significantly greater prevalence of biologic utilisation than is typically seen elsewhere. The results may, therefore, be different in societies with less prevalent utilization of these agents."

The study was designed to examine initiation of biologic therapies within the US Consortium of Rheumatology Researchers of North America (CORRONA) database and characterise reasons for their discontinuation. Treatment discontinuation was defined as the first report of stopping initial therapy or initiation of a new biologic at/or between visits on a follow-up MD questionnaire, with up to three reasons captured.

In total, 6,209 patients meeting the following criteria 2002 from the CORRONA registry were included: age >18 years; RA onset age >16 years; ≥6 months of follow-up available after initiation of first or subsequent biologic therapy, defined as a visit ≥180 days after initiation of biologic therapy. A total of 5,010 patients (80.7%) received TNFi, 1,199 (19.3%) received non-TNFi and 2,693 patients were biologic-naïve.

Median time to discontinuation was 26.5 months in those receiving TNFi versus 20.5 months for non-TNFi. Overall proportions of patients receiving TNFi versus non-TNFi remaining on treatment were 82.5%, 68.2% and 52.2% at 6, 12, and 24 months versus 80.9%, 63.4% and 46.0%, respectively.

**More information:** 1.Strand V et al., Discontinuation of biologic

therapy in rheumatoid arthritis (RA): analysis from the consortium of rheumatology researchers of North America (CORRONA) database [abstract]. EULAR Annual European Congress of Rheumatology; 12-15 June 2013; Madrid, Spain. Abstract no. OP0064

2.Chronic Diseases and Health Promotion: Chronic Rheumatic Conditions, World Health Organization. Available from: [www.who.int/chp/topics/rheumatic/en/](http://www.who.int/chp/topics/rheumatic/en/) Last accessed: May 2013

3.Emery P. Evidence supporting the benefit of early intervention in rheumatoid arthritis. J Rheumatol. 2002;29(Suppl 66):3-8

Provided by European League Against Rheumatism

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