

Intensive initial therapy with triple DMARDs improves functional ability in early RA

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The results of the tREACH trial presented today at the European League Against Rheumatism Annual Congress (EULAR 2015) Press Conference showed that initial therapy with combination DMARDs significantly improves measures of disease activity and functional ability in patients with early rheumatoid arthritis (RA). These findings suggest that an initial treatment regimen of methotrexate, sulfasalazine and hydroxychloroquine could provide significant patient benefits over monotherapy (methotrexate alone).

"Many trials have shown that early and intensive treatment can induce remission and prevent [joint damage](#) in patients with [rheumatoid arthritis](#), yet often a step-wise approach of escalating treatment is preferred," said lead author Dr. Angelique Weel of the Department of Rheumatology, Maastad Hospital, Netherlands. "Our data showed an earlier decrease in disease severity and improvements in [functional ability](#) in the combination-therapy groups compared to monotherapy, adding to the evidence base for an intensive treatment approach early on. And with significant numbers of patients achieving drug-free remission using less expensive biologicals during the first two years of therapy, these data should alleviate concerns regarding the need for long-term aggressive therapy."

Functional ability was measured using the Health Assessment Questionnaire (HAQ), a good predictor of future disability and cost. After just three months, improvements in HAQ score were significantly greater in the triple DMARD induction therapy group, and remained

significant throughout the two years, irrespective of [disease activity](#). Joint damage progression seen on X-rays was minimal and similar for both groups.

281 RA patients were randomised to [methotrexate](#), sulfasalazine and hydroxychloroquine with bridging glucocorticoid or methotrexate alone (with glucocorticoid). After two years, the percentage of patients attaining a DAS44 score (composite score of disease activity) less than 1.6 at two consecutive time points (sustained remission) was similar for those patients started on triple DMARD therapy (51%) vs. monotherapy (47%). Exacerbation of symptoms (prevalence of flares) after tapering medication was similar between the combination and monotherapy groups.

Provided by European League Against Rheumatism

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