

Combining medications often best strategy to battle rheumatoid arthritis

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For patients with rheumatoid arthritis, combining one well-known, lower-cost synthetic drug with one of six biologic medications often works best to reduce joint swelling or tenderness, according to a new report by researchers at the RTI International-University of North Carolina at Chapel Hill Evidence-based Practice Center, which is sponsored by the Agency for Healthcare Research and Quality.

An article based on the report was posted on-line Monday in the *Annals of Internal Medicine*.

Researchers reviewed published evidence to compare the benefits and harms of three classes of medications: synthetic disease-modifying antirheumatic drugs (DMARDs), biologic DMARDs, and corticosteroids. Synthetic DMARDs include hydroxychloroquine, leflunomide, methotrexate, and sulfasalazine; biologic DMARDs include abatacept, adalimumab, anakinra, etanercept, infliximab, rituximab; and corticosteroids include drugs such as prednisone.

The report concluded that combining methotrexate, a synthetic DMARD, with one of the biologic DMARDs works better than using methotrexate or a biologic DMARD alone. The report also found that methotrexate works as effectively as the biologic DMARDs adalimumab and etanercept for patients who have early rheumatoid arthritis. Adalimumab and etanercept are more likely, however, to show better short-term results as measured by X-rays of joints. The report also emphasized that biologic DMARDs and methotrexate increase the risk

of serious infection, including a reoccurrence of tuberculosis.

“Rheumatoid arthritis is a painful, degenerative disease that affects people of all ages and can profoundly impact quality of life,” said AHRQ Director Carolyn M. Clancy, M.D. “This report establishes a clear, unbiased summary of what is known about current treatments. It also identifies areas where more research is needed.”

About 2 million Americans have rheumatoid arthritis, a long-term illness that causes joint and tissue inflammation. Rheumatoid arthritis is an autoimmune disease, meaning that the body confuses healthy tissue for foreign substances and attacks itself. The cause is unknown. The disease often begins with fatigue, morning stiffness, weakness, and muscle aches. Eventually, joint pain appears. Pain may affect the wrists, knees, elbows, fingers, toes, ankles or neck.

Other symptoms may include anemia, eye burning, limited range of motion, skin redness and swollen glands. Joint destruction may occur within 1 to 2 years after the disease appears. Some cases cause deformities. Treatment typically begins with medications but may include physical therapy and surgery.

Katrina Donahue, M.D., M.P.H., an assistant professor of family medicine in the UNC School of Medicine and a fellow in the Cecil G. Sheps Center for Health Services Research at UNC, is lead author of the report. She said additional important findings in the report include:

Source: University of North Carolina at Chapel Hill

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