

Expensive or not, rheumatoid arthritis drugs have similar effect: study

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Patients gained no more benefit from higher-priced biologic drug Remicade vs. cheaper medications.

(HealthDay)—Treatment with a pricey biological drug was no better than cheaper, conventional therapy in terms of reducing time off from work for people with rheumatoid arthritis, a new study finds.

Swedish researchers assessed lost work days among [rheumatoid arthritis](#) patients who had not responded to initial treatment with a standard medication, methotrexate.

The group of 204 patients were randomly given either the biological drug [infliximab](#) (Remicade) or conventional [combination therapy](#) with the non-biologics sulfasalazine plus [hydroxychloroquine](#).

At the start of the study, the average amount of lost work time was 17 days per month for all patients. During the 21-month study, the patients receiving [conventional therapy](#) lost about six fewer days of work per month, compared with about five fewer days for those taking Remicade—not a significant difference.

Regardless of the drugs used, early and [aggressive treatment](#) for patients who've failed to respond to methotrexate "not only stops the trend

of increasing work loss days but partly reverses it," concluded researchers led by Jonas Eriksson of the Karolinska Institute in Stockholm.

However, the team say they "did not find any difference" in terms of work absentee rates depending on which drugs the patients took, even though Remicade did seem to provide "significantly improved disease control."

Experts not connected to the study said the relative price tags of these drugs is another key factor to consider.

"Currently, there are nine biologics FDA-approved for the treatment of rheumatoid arthritis," explained Dr. Steven Carsons, chief of the division of rheumatology, [clinical immunology](#) and allergy at Winthrop-University Hospital in Mineola, N.Y.

However, he said that biologics can cost between \$15,000 to \$20,000 per year, while the two non-biologics included in the Swedish study might cost only a tenth of that amount.

So, the new findings are "reassuring in terms of having effective, lower-cost alternatives with established safety profiles available for [patients](#) who do not have coverage for the more expensive biologics," Carsons said.

He added, however, that in the "real world" each patient responds differently to various rheumatoid arthritis medications, and many do fare much better on a biologic drug.

Another rheumatologist, Dr Diane Horowitz of North Shore University Hospital in Manhasset, N.Y., said the new study "brings into question the utility of choosing the more expensive [treatment] option" if ability to function well at work is a key consideration.

It's not clear, however, if the work-related benefits

of a biologic would improve over a longer period of use. According to Horowitz, who is also a rheumatologist at Long Island Jewish Medical Center in New Hyde Park, N.Y., "further research needs to be done" to answer that question.

The study was published July 1 in the journal *JAMA Internal Medicine*.

More information: Find out more about rheumatoid arthritis at the [American Academy of Family Physicians](#).

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