

RA patients will trade efficacy for less frequent, shorter treatment

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Based on hypothetical scenarios, rheumatoid arthritis patients would accept treatments with lower efficacy and greater risk to achieve lower duration and frequency, according to research published in the July issue of *Arthritis Care & Research*.

(HealthDay)—Based on hypothetical scenarios, rheumatoid arthritis (RA) patients would accept treatments with lower efficacy and greater risk to achieve lower duration and frequency, according to research published in the July issue of *Arthritis Care & Research*.

Christine Poulos, Ph.D., from RTI Solutions in Research Triangle Park, N.C., and colleagues surveyed 901 patients with a self-reported physician diagnosis of moderate to severe RA regarding hypothetical treatment choices (396 in an online panel and 505 as part of the RA Information, Service, and Education group). Relative importances were estimated for six attributes included in all treatment choices: response rate, mode of administration, treatment duration, treatment frequency,

and the risks of immediate mild and serious treatment reactions.

The researchers found that the marginal utility of changes in treatment features was largest for a one-hour change in treatment duration, while a one-unit change in the annual frequency of treatment was the second least important change. For annual treatment frequency, the marginal utility of changes depends on the treatment duration and vice versa.

"Respondents would accept treatments with lower efficacy and greater risk to achieve lower duration and frequency," the authors write.

"Previous studies have linked patient preferences to treatment adherence, suggesting that reductions in duration or frequency could improve adherence and health outcomes."

One author is an employee of Genentech, which sponsored the study.

More information: [Abstract](#)

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