Efficacy of Early versus Delayed Initiation of Anti-TNF-α Therapy in Axial Spondyloarthritis. Data from the Czech Registry ATTRA

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Background: Anti-TNF-α agents are the mainstream of pharmacotherapy for patients with axial spondyloarthritis (AxSpA) who failed treatment with NSAIDs. A little is known about the influence of early versus delayed treatment initiation on their clinical efficacy.

Objectives: To compare change of disease activity in AxSpA patients on anti-TNF-α therapy based on symptom duration prior to treatment initiation.

Methods: Baseline demographic data and efficacy parameters of patients starting their first anti-TNF-α treatment ≤10 years (EARLY) or >10 years (DEALLYED) after first symptoms of AxSpA from the Czech national registry ATTRA were compared. Mean ±SD and absolute/relative frequencies were used to describe continuous and categorical variables, respectively. P-value of Fisher’s exact test and Mann-Whitney test is given when assessing difference between groups in categorical and continuous variables.

ATTRA is a centralised prospective computerised registry of patients receiving bDMARD therapy for rheumatic diseases collecting data on efficacy, safety and quality of life of all patients treated in the Czech Republic. Anti-TNF-α therapy was indicated for patients with AxSpA who have failed treatment with NSAIDs with CRP >1 mg/dl and BASDAI score >4.

Results: Data from 1290 axSpA patients were available for analysis. 618 patients started treatment ≤10 years (EARLY) and 672>10 years (DEALTHYED) after first symptoms of AxSpA from the Czech national registry ATTRA were compared. Mean ±SD and absolute/relative frequencies were used to describe continuous and categorical variables, respectively. P-value of Fisher’s exact test and Mann-Whitney test is given when assessing difference between groups in categorical and continuous variables.

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