DIFFERENCES OF DISEASE IMPRESSION AND TREATMENT EXPECTATION IN RHEUMATOID ARTHRITIS PATIENTS WITH DIFFERENT DISEASE ACTIVITY

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Background: Rheumatoid arthritis (RA) is a systemic chronic arthritic inflammatory disease that affects daily life and work. Therefore, the treatment goals include subjective indicators such as activities of daily living disorder and fatigue as well as objective indicators such as disease activity (1). In recent years, the progress of RA therapy has been remarkable, and many patients have achieved low disease activity (LDA) or remission; however, one-third of the patients still have a high disease activity. Is it right to adapt all patients to the same subjective evaluation goal?

Objectives: We conducted a questionnaire survey in RA patients to evaluate the following factors: 1) RA influence on emotions, 2) RA influence on daily life or work, 3) patient expectations from RA treatment and 5) a comparison of patients’ individual assessment of each disease activity.

Methods: We included 289 patients with RA and divided them into two groups based on their disease activity; those achieving LDA or remission (RL group: n=192) and those with moderate or high disease activity (MH group: n=97). The mean ages of the RL and MH groups were 52.3 (18–84) and 56.7 (25–84) years, respectively. The mean disease duration of the RL and MH groups were 4.3 years (2 months – 25 years) and 5.6 years (2 months – 31 years), respectively. The survey comprised 19 questions, which had predefined answers about daily activities, relationship with family and friends, emotional wellbeing, expectation from RA treatment effect, and treatment goal-setting.

Results: For questions regarding daily activities and emotional wellbeing, there were more negative responses from the MH group than from the RL group. Daily activity which conclude housework and outdoor activities were more restricted in the MH group than in the RL group. Regarding emotional wellbeing, 63% patients in the MH group and 32% in the RL group felt that RA was depriving their happiness. Furthermore, 56% patients in the MH group and 25% in the RL group were worried about their independence in the future. Conversely, patients in the MH group exchanged views about RA symptoms with family and friends more frequently than those in the RL group; they were seeking psychological stabilisation. There were also differences in both the groups’ expectation of the treatment effect. The most and the second expected treatment effects in both groups were pain improvement and in the early stage, respectively. The third most expected treatment effect was being able to do their work at home and outside in the RL group and clinical symptoms improvement in the MH group. Morning stiffness was more important than arthritis in the RL group because a higher goal was set.

Although it would be desirable for medical professionals to set treatment goals for both groups, this tendency was higher in the MH group.

REFERENCE:

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HAS THE PRESENTATION AND SEVERITY OF RHEUMATOID ARTHRITIS CHANGED IN RECENT DECADES?

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Background: In recent decades, there have been social, economic and health changes, also in the treatment of rheumatoid arthritis (RA). The development and severity of RA can be affected by these changes. It is discussed if RA is currently less frequent and severe than before.

Objectives: To determine the changes in the clinical and demographic variables and the severity of RA that may have occurred over a period of four decades (from 1980 to 2015) and its repercussion in the response to methotrexate (MTX) monotherapy.

Methods: We conducted a retrospective study, reviewing the records of patients from a cohort of RA who received MTX monotherapy and compared the results of demographic and clinical variables by natural decades. The statistical analysis was performed using the Chi2 test and the one-way ANOVA test.

Results: We included 301 patients (202 women and 99 men) with a mean age at diagnosis of 49.6 (±13.2) years. The table 1 shows the characteristics of the complete sample and distributed by natural decades. The age at diagnosis was higher after 2000 (p<0.01), while the proportion of women, educational level, sedentary lifestyle, habits (tobacco, alcohol) and comorbidities did not change. There was also no variation in the joint pattern of presentation, percentage of RF/ACPA positive or mean value of RF and ACPA. There was a decrease in time from the onset of symptoms to diagnosis (from 21.7 to 15.3 months) (NS), but especially between the diagnosis and the first DMRAD (from 34.5 to 1.4 months) and in the number of FAMEs before MTX (p<0.01 for both), as well as in the baseline activity of the disease (PCR and DAS28-PCR), early erosions (<2 years) and extra-articular involvement (p<0.01). There were no changes in the dose of prednisone and MTX, nor in the route of administration, while folic acid supplements increased.

Conclusions: The subjective goals in RA treatment vary depending on disease activity. High social goal-setting is important for patients whose disease activity is controlled. For patients with high disease activity, emotional support from their family and friends and setting goals regarding clinical symptoms by medical professionals are important.

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