AB1270

ACHIEVING EARLY DISEASE CONTROL AND REDUCING INDIRECT COST – THE CRYSTAL REGISTRY IN HONG KONG RHEUMATOID ARTHRITIS PATIENTS

T. H. Cheng¹, M.C. Wan², L.S. Tam¹, on behalf of CRYSTAL Study Team.
¹Department of Medicine and Therapeutics, THE CHINESE UNIVERSITY OF HONG KONG; ²Department of Medicine, Ruttonjee Hospital, Hong Kong, Hong Kong

Background: Rheumatoid arthritis is associated with irreversible joint erosion, jeopardising patients’ work ability and incurs substantial indirect cost to the society. While early treatment yield clinical efficacy, its economic outcome remains uncertain in Hong Kong.

Objectives: To ascertain the effect of early disease control in early RA subjects on indirect cost.

Methods: This was a multi-centre, prospective cohort study involved 13 hospitals in Hong Kong. Subjects underwent intensive treatment scheme aiming at remission. Early disease control was defined as achieving remission or low disease activity (LDA) at month 6 indicated by DAS-28 score.

Results: Seventy early RA patients [53 (75.7%); Female, mean age: 53±11 years, mean disease duration 30±11 months] were included in this analysis. Forty-two (60%) subjects achieved early disease control. Subjects with or without early disease control were comparable at baseline. Twenty-two (31.4%) subjects had non-early disease control were comparable at baseline. Twenty-two (31.4%) subjects had non-early disease control. Subjects with or without early disease control non-achievers (n=11) had significantly higher indirect cost [95% CI: 21.3 to 125.1, p=0.017] vs USD95,481 (±SD 15.2; range 2–934) vs USD95,481 (±SD 15.2; range 2–934).

Conclusions: Early intensive treatment with early disease control yield lower indirect cost. Health care system shall consider reallocating adequate resource for managing early arthritis patients to reduce indirect cost related to disease.

REFERENCE: