Background: Biological response modifiers have greatly expanded therapeutic arsenal of rheumatoid arthritis (RA) leading to a better control of inflammation, a reduced long-term complications and a prevention of joint damage.

Objectives: Our objective was to assess the impact of use of biologics on joint surgery during RA.

Methods: This is a retrospective study including patients with RA according to American College of Rheumatology (1987) followed-over 15 years period [2000–2014]. We excluded patients who underwent joint surgery without direct relevance to RA. The significance level was set at 0.05.

Results: A total of 500 RA patients (422 women and 78 men) were enrolled in this study. The mean age was 53.3 years (21–83) and the mean disease duration was 12 years (2–40). Rheumatoid factor was positive in 71.4% cases. A high disease activity was noted at diagnosis with a mean disease activity score of 5.90 ± 1.38. The mean Health Assessment Questionnaire index was 1.82 (0.2–3). All patients received at least 2 conventional disease-modifying antirheumatic drugs, one of which was methotrexate. Twenty seven per cent of RA patients (135 patients) received biologics: 35 patients received Rituximab (7%) and 100 patients (20%) received anti TNF-α (infliximab, etanercept and adalimumab) in 10%, 6.8% and 3.2% respectively. The trend of biologics use showed a linear increase with spikes of use in 2008, 2011 and 2014. A surgical act was considered necessary in 59 cases (11.8%) mainly total knee arthroplasty (56%). The mean duration between the onset of RA and surgery was 7.02 (1–33) years. Patients who received biologics had less joint surgery without significant association (p=0.350). The joint surgery showed a decrease in the number of procedures from 2004, concomitantly with promoting biologics.

Conclusions: Our study concluded that joint surgery was less frequent in RA patients who received biologics without a significant association.

Disclosure of Interest: None declared