PATIENT-ACCEPTABLE SYMPTOM STATUS IN RHEUMATOID ARTHRITIS: WEALTH AND AGE MATTER BEYOND DISEASE ACTIVITY AND IMPACT. AN ANALYSIS OF 548 PATIENTS

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Background: Patient Acceptable Symptom State (PASS) represents the maximum level of symptom intensity that patients consider acceptable. Control of disease activity is associated to attainment of PASS1. Recognizing the factors associated with PASS status beyond disease activity, can be helpful in identifying the need for interventions beyond disease-modifying drugs, aimed at improving the satisfaction and well-being of patients with rheumatoid arthritis (RA).

Objectives: To explore the clinical and socio-demographic factors associated with PASS status in RA.

Methods: Data of patients with definite diagnosis of RA from 11 countries (post-hoc analyses of RAID Study2, with additional data from Portugal) were used. PASS was assessed using the anchored method based on patients’ perspective, through the question: ‘Think about all the ways your RA has affected you during the last week. If you were to remain for the next few months as you were during the last week, would this be a) Acceptable b) Unacceptable’. Variables analysed for differences across PASS status were (a) disease activity based on DAS28-3v-values (joint counts and ESR) categories, (b) impact by the seven patient-reported domains included in the RA Impact of Disease (RAID) score, (c) demographics: age (above or below 50) and gender, and (d) Country gross domestic product (GDP) classified as High GDP (>35,000 USD per capita) and Low GDP. Differences between patients in PASS or not were assessed through t-test for independent samples or Chi-square test, as adequate. Variables with p<0.05, gender and GDP category were included in multivariate logistic regression (Forward Conditional) analysis. A subgroup analysis was performed for patients in DAS28-ESR remission.

Results: In all, 548 patients (80.5% female, mean (SD) age 55.8 (12.8) years, mean (SD) disease duration 13.6 (10.6) years, mean (SD) DAS28-3v 3.6 (1.5), 44.2% in LDA or remission) from 11 European countries (5 n=230) with high GDP and 6 (n=318) with low-GDP were analysed. In all, 14.5% considered themselves as Very Bad/Bad/Acceptable/Good/Very Good States were calculated using the receiver-operating characteristic (ROC) curve and the optimal cut-off was determined through Youden Index.

Conclusion: In patients with rheumatoid arthritis has affected you during the last week. If you were to remain for the next few months as you were during the last week, would you consider this state?”, with five levels: Very good/Bad/Acceptable/Good/Very good. Disease activity was assessed based on the DAS28-3v (joint counts and ESR). Impact was evaluated through the seven patient-reported domains included in the RAID score. The threshold levels of DAS28-3v, Individual RAID items and RAID score for Acceptable/Good/Very Good States were calculated using the receiver-operating characteristic (ROC) curve and the optimal cut-off was determined through Youden Index.

Methods: A cross-sectional analysis of unselected adult patients with the diagnosis of RA from the RA Impact of Disease (RAID) validation study2 (n=570, from 12 European countries), and from the Norwegian DMARD (NOR-DMARD)3 registry (n=1372), was performed. Symptom state was calculated using the anchored method based on the patients’ perspective, taking, as gold standard, the question: ‘Think about all the ways your rheumatoid arthritis has affected you during the last week. If you were to remain for the next few months as you were during the last week, would you consider this state?’, with five levels: Very good/Bad/Acceptable/Good/Very good. Disease activity was assessed based on the DAS28-3v (joint counts and ESR). Impact was evaluated through the seven patient-reported domains included in the RAID score. The threshold levels of DAS28-3v, Individual RAID items and RAID score for Acceptable/Good/Very Good States were calculated using the receiver-operating characteristic (ROC) curve and the optimal cut-off was determined through Youden Index.

Results: Data from 1931 patients (74.5% female, mean (SD) age 54.4 (14.1) years, mean disease duration 13.8 (10.4) years, mean DAS 28-3v-ESR 3.0 (1.4) were analysed. In all, 14.5% considered themselves as being in a “very good”, 21% as “good” and 33.1% in an “acceptable” status. Disease activity, RAID global score and all individual seven domains of RAID were significantly different between patients across these 3 symptom states (p<0.001). Patients reporting a “Very good” symptom status had disease activity in the range of remission (mean DAS28-3v-ESR: 1.99±0.91), while patients in “acceptable” status were in range of low disease activity (DAS28-3v-ESR:2.98±1.20) and in moderate disease activity in patients with “Bad” (DAS28-3v-ESR: 3.83±1.44) and “Very bad” status (DAS28-3v-ESR: 4.10±1.59). Remission according the Boolean ACR/ EULAR criteria was observed in 70.9% of patients in “Very good” symptom status (versus 28% in “Good”, 5% in “Acceptable” and inferior to 1% in “Bad” and “Very bad” symptom status). The cut-off value for “Very good” status was 0 for most individual RAID items, except for pain and fatigue ≤1 (Figure1).

Conclusion: Being in a “very good” symptom status showed a good correspondence to being in remission and having very low disease impact. This shows promising in identifying a status that patients would actually desire, more than accept for, while corresponding to a level of disease activity consistent with the long-term preservation of structure and function.

References

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