Objectives: We investigated if ≤6-weeks relates to improved long-term outcomes. Evidence supporting that referral ≤6-weeks is better than e.g. <12-weeks is missing, ‘window-of-opportunity’. Because implementation provides challenges, and evidence underlying the first EULAR recommendation for management of early arthritis for- mulated that patients should be referred to, and seen by a rheumatologist, within 6-weeks after symptom onset. The mentioned period of ≤6-weeks after symptom onset is shorter than ≤12-weeks, the period that is generally considered as the ‘window-of-opportunity’. Because implementation provides challenges, and evidence supporting that referral ≤6-weeks is better than e.g. <12-weeks is missing, we investigated if ≤6-weeks relates to improved long-term outcomes.

Methods: We used an observational study design to investigate in two cohorts if time-to-encounter (TE) a rheumatologist ≤6-weeks, compared to >7-12-weeks, results in better disease long-term outcomes, measured with sustained DMARD-free remission (SDFR) and radiographic progression.

Results: Patients ≤6-weeks had similar radiographic progression than those ≤7-12-weeks (HR 1.69, 95% CI: 1.10-2.57, Figure 1-A) and >12-weeks (HR 1.54, 95% CI: 1.04-2.29). In ESPOIR, similar but non-significant effects were observed; meta-analysis showed that within 6-weeks was better than 7-12-weeks (HR 1.69, 95% CI: 1.10-2.57, Figure 1-A) and >12-weeks (HR 1.67, 95% CI: 1.08-2.58). Patients encountered the rheumatologist within 6-weeks had similar radiographic progression than those ≤7-12-weeks, in any cohort, or meta-analysis (Figure 1-B).

Conclusion: Scientific evidence underlying the first EULAR recommendation depends on the outcome of interest: visiting a rheumatologist within 6-weeks of symptom-onset had clear benefits for achieving sustained DMARD-free remission (A) and radiographic progression (B).

References:

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