Adherence to a Treat-to-Target (T2T) Strategy in Early Rheumatoid Arthritis. Is It Feasible in Daily Clinical Practice?

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Background/Purpose: The treat-to-target (T2T) strategy has become the new paradigm for the treatment of Rheumatoid Arthritis (RA); however the question is whether this strategy is feasible in daily clinical practice. The purpose of the study was to evaluate the adherence to a T2T strategy aiming at remission in a cohort of DMARD naı¨ve patients with early RA.

Methods: We included DMARDs naı¨ve patients with diagnosis of early RA belonging to a prospective cohort of patients with diagnosis of early arthritis (_2 years of disease duration). Data was collected every 3 months, including sociodemographic characteristics, functional status (HAQ), disease activity (DAS28) and medication. Clinical remission was defined as DAS28 _ 2.6. The primary outcome measure was the proportion of cohort visits in which therapy was adapted according to disease activity, stratified by remission state. Compliance with the T2T recommendations was defined as a change in drug treatment in patients failing to achieve clinical remission. Treatment strategies were stratified in seven groups: i) addition or dose escalation of NSAIDs, ii) addition/change of DMARDs, iii) dose escalation of DMARDs, iv) addition/change of biologic agents, v) addition or dose escalation of oral prednisone, vi) administration of parenteral corticosteroids, vii) administration of intra-articular corticosteroids. Compliance with T2T and treatment strategy was evaluated on each visit. The statistical analysis was carried out using STATA 12.

Results: We included 535 DMARDs naı¨ve patients with early RA. Mean age was 51 _ 14 years, 82% were female and disease duration was 7 _ 6 months. The patients contributed to a total of 3022 visits (mean follow-up _ 24_16 months). Mean HAQ and DAS28 score during follow-up were 0.9_

0.6 and 3.9 _ 1.2, respectively. Patients did not achieved remission in 2063 (68%) of the visits. A change in drug treatment was registered in 42% of these visits. The most frequent strategy was addition/change of DMARDs (31%), followed by addition/dose escalation of oral prednisone, addition/dose escalation of NSAIDs, dose escalation of DMARDs, intra-articular corticosteroids, parenteral corticosteroids and addition/change of biologic agents (9%, 9%, 8%, 3%, 3% and _1%; respectively).

Conclusion: In our cohort, including patients with early rheumatoid arthritis in "real world", the compliance with the T2T treatment recommendations were low. A change in drug treatment was registered in less than half of the visits where patients were not in remission.