Better to Treat Rheumatoid Arthritis in its Early Stages

By Amy Reyes [5]

EULAR 2017: Undifferentiated arthritis or very early rheumatoid arthritis should be treated soon after diagnosis to prevent advanced arthritis.

French researchers are recommending that patients with undifferentiated arthritis or very early rheumatoid arthritis be treated soon after diagnosis to prevent the development of advanced arthritis.

"Early therapeutic intervention significantly reduces the risk of rheumatoid arthritis in pre-rheumatoid arthritis patients. So, we can say to patients who are in the very early stages (of disease) and don't yet have chronic disease, that DMARDs — including steroids — can prevent the full picture of RA. It's really worth it to start the treatment early," said Bruno Fautrel, M.D., Ph.D, of Pitié Salpêtrière University, Paris.

Dr. Fautrel and his research colleagues presented findings from a new systematic literature review on the efficacy of treatment for undifferentiated arthritis or very early rheumatoid arthritis on June 14 at the 2017 European Congress of Rheumatology (EULAR) meeting in Madrid.

This report was based on a systematic literature review and meta-analysis of three clinical research databases and of ACR and EULAR meeting abstracts through the last 2 years. Of 585 studies that were identified, nine randomized controlled trials were selected — eight of which focused on undifferentiated arthritis and one on very early rheumatoid arthritis. The therapeutic strategies tested in these trials included methylprednisolone (80 to 120 mg, oral methotrexate (30 mg per week), TNFi (etanercept or infliximab), abatacept or rituximab. In total, the review included 1,156 patients (mean age 45 years, 66% female) who had symptoms that were present for at least 16 weeks.

There were two primary results, Dr. Fautrel said. There was a decrease risk of developing rheumatoid arthritis with treatment (odds ratio of 0.72, 95% CI) which corresponded to a reduced risk of 28% at 52 weeks. In terms of radiographic progression in patients with very little or no structural damage, there was no evidence in favor of the effects of early treatment to prevent radiographic damage, "but it doesn't mean that the benefits do not exist," he said.

Previous studies have shown that if treatment is started within six months of diagnosis, the chances of reaching remission increases. Autoantibodies associated with the development of rheumatoid arthritis are thought to be present years before the onset of disease. Knowing more about the mechanisms of disease has allowed researchers to identify new stages of disease, such as pre-rheumatoid arthritis, now known to be a crucial point in disease development despite the absence of chronic symptoms.

"So, the question [doctors must ask] is whether it is meaningful to start treatment which may hold both benefits and side effects," he said.

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