TNF Inhibitor Significantly Slowed RA Progression

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ROME — Tumor necrosis factor inhibitors significantly reduced joint damage progression in patients with rheumatoid arthritis after 2 years, compared with conventional treatment, based on data from a nationwide observational cohort study.

The progression rate during anti-TNF treatment was reduced by 61%, compared with usual treatment with disease-modifying antirheumatic drugs, said Dr. Lykke Ørnbjerg of Copenhagen University Hospital in Hvidovre, Denmark.

Data from real-life studies of TNF inhibitors to prevent disease progression in RA patients are limited, the researchers noted. They reviewed data from 522 RA patients with an average age of 54 years and average disease duration of 5 years. Most (76%) of the patients were women, 80% were rheumatoid factor positive, 65% were anti–cyclic citrullinated peptide antibody positive, and 27% were smokers.

Conventional radiographs were taken of the patients' hands and wrists at three time points: approximately 2 years before starting TNF inhibitors (time point A), at about the start of TNF inhibitor therapy (time point B), and approximately 2 years after the start of treatment with a TNF inhibitor (time point C).

On three measurements of disease progression (total van der Heijde–Sharp scores, erosion, and joint-space narrowing), the difference in progression was significantly higher between time points A and B (treatment with DMARDs), compared with time points B and C (treatment with a TNF inhibitor). The mean total van der Heijde–Sharp scores between time points A and B vs. B and C were 2.1 vs. 0.67, respectively. The mean erosion scores were 1.04 vs. 0.36, respectively, and the mean joint-space narrowing scores were 1 vs. 0.31, respectively.

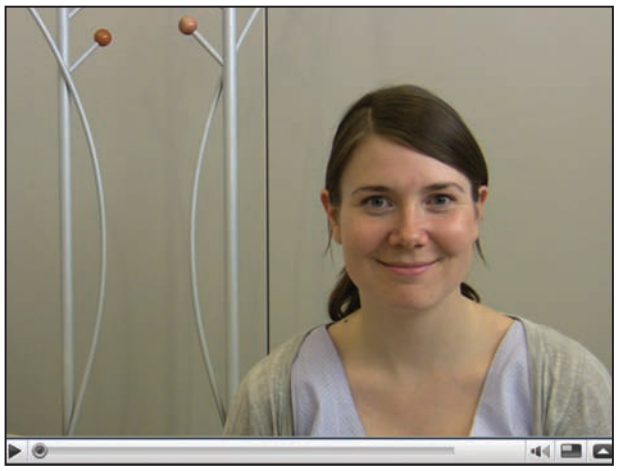
The percentage of patients who showed progression of RA was 59% between time points A and B, compared with 31% between time points B and C. The mean value on the 28-joint disease activity score (DAS28) was 4.4 at time point A, 5.0 at time point B, and 3.1 at time point C.

At time point A, 45% of the patients received methotrexate, 22% sulphasalazine, 12% hydroxychloroquine, and 5% leflunomide. Another 6% received other treatments, and 10% received no DMARDs. At time point B, 61% of the patients received infliximab, 24% received adalimumab, and 15% received etanercept. The patients were selected from DANBIO, an ongoing nationwide registry of rheumatology patients in Denmark.

The data show that "even in 'real-life' practice, . . . treatment with a [TNF inhibitor] halts radiographic progression in the majority of RA patients when they switch from DMARDs," Dr. Ørnbjerg said. ■

Disclosure: *Dr. Ørnbjerg reported that she had no financial conflicts of interest to disclose. She reported that Centocor Inc. sponsored the data analysis.*

To watch an interview of Dr. Ørnbjerg, go to www.youtube.com/elsglobalmedicalnews and click on "Playlists." Then click on RHEUMATOLOGY NEWS.



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Dr. Lykke Ørnbjerg said that the data showing TNF inhibitors slow progression are great news for clinicians who treat RA patients routinely.