Diagnosis and management of rheumatoid arthritis (RA) have changed dramatically during the last several years, with the emergence of new guidelines, treatment options, and diagnostic tests. These involve varying degrees of complexity, and place demands on time and resources in routine clinical practice. The aim of this study was to assess current trends in RA diagnosis and assessment practices among US rheumatologists. METHODS: A sample of rheumatologists (N = 86) was surveyed online years of infliximab (IFX) treatment. RESULTS: A total of 2185 patients with RA receiving IFX were identified. Mean (SD) age was 60.3 (14.0) years; 79.0% were female. Mean (SD) treatment duration was 465 (459) days. Patients received a mean (SD) of 9.9 (8.8) IFX administrations. Mean (SD) index IFX dose was 338.2 (156.8) mg. Mean (SD) maintenance IFX dose was 387.7 (169.5) mg. During the initial two years of IFX maintenance treatment, the highest observed mean infusion was 387.7 (169.5) mg. During the initial two years of IFX maintenance treatment, the highest observed mean dose was 387.7 (169.5) mg. During the initial two years of IFX maintenance administration, mean doses remained between 351 and 402 mg. During the initial two years of IFX maintenance administration, mean doses remained between 351 and 402 mg. This study evaluated IFX utilization differences between anti-TNF naïve and experienced patients. Both naive and experienced patients had infusion intervals within the recommended labeling.

CONCLUSIONS: Results were reported for induction (weeks 0–8), maintenance (weeks 9–52), and one-year (weeks 52–52) periods. Infusion intervals included mean time (days) between infusions during the first year of treatment. RESULTS: A total of 425 naive (mean age = 53 years; 74% female) and 467 experienced (mean age = 49 years; 78% female) patients were evaluated. The mean IFX dose per infusion for the naive (357 mg) and experienced patient groups was 415 mg. The mean IFX dose per infusion for the naive group was 437 mg. Nearly all naive patients (98.5%) received no more than 8 infusions in the first year. The mean time between IFX infusions for the naive group was 19, 29, 36, 57, 55, 52, and 53 days. The mean IFX dose per infusion for experienced patients was lower during the induction vs. maintenance period (428 mg vs. 527 mg). The mean time between IFX infusions for experienced patients was 18, 28, 52, 50, 49, 48, and 41 days. CONCLUSIONS: This observational study reveals IFX utilization differences between anti-TNF naïve and experienced patients. Both naive and experienced patients had infusion intervals within the recommended labeling.