A longitudinal, prospective
study to evaluate the clinical effectiveness of biologic therapies in the treat-
ment of rheumatoid arthritis (RA) as measured by change in disease severity. METHOIDS: Patient self-reported data were collected from the 2008 Rheumatoid Arthritis Patient Survey to rate their current and past treatments for RA. RESULTS: Of 2048 respondents to the survey, the mean age was 51.9, and 74.3% were female. The average duration from RA diagnosis was 11.9 years. For patients treated with biologic therapies, the average duration of the treatment was 3.7 years. There were no statistical significant differences in age, gender and duration from RA diagnosis between patients who were treated with a biologic therapy versus those who were not. At baseline more patients reported their disease status as severe (47.2%) in the biologic group, compared to patients in the non-biologic group (21.3%). Only 9.7% of patients in the biologic group versus 29.5% of patients in the non-biologic group reported their disease status as mild. However, 44.6% of patients in the biologic group versus 25.9% of the non-biologic group reported an improvement in severity after the current treatment, while 11.6% of patients in the biologic group versus 15.3% of the non-biologic group reported increased severity in disease state (chi square p < 0.001) after the current treatment. CONCLUSIONS: In the real world setting, RA patients treated with biologic therapies self-reported more severe disease than patients treated with non-biologic therapies. Biologic therapies significantly reduced patient-reported RA disease severity, compared to non-biologic therapies.

TREATING ARTHRITIS OF THE KNEE: THE IMPACT ON PAIN IN PATIENTS’ EVERYDAY LIVES

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Arthritis of the knee is a real public health problem. Its prevalence is estimated at 6.1% of adults aged over 30 years, according to data from the Framingham Study.

OBJECTIVES: To observe, in real use conditions, the effects obtained by Hyaluronic acid in the treatment of arthritis of the knee combined with a prescription of Sodium chondroitin sulfate, between 2 treatments. METHODS: A longitudinal, prospective observation programme. RESULTS: Forty-two patients were treated with Hyaluronic acid8 and Sodium chondroitin sulfate8, 19 patients were treated on the left side of the knee and 22 on the right side, with hyaluronic acid. At inclusion, average pain during daily life activities was 53.289 ± 20.836, at W18, 37.963 ± 17.173 and at M6, 35.625 ± 17.956. Development of the pain during daily life activities between inclusion and W18 was not significant (p = 0.834) (however the p-value was very close to 0.05) as was the same between inclusion and M6 (p = 0.0011). At inclusion, average pain at rest was 29.167 ± 16.889, at W18, 19.792 ± 14.235 and at M6, 19.217 ± 17.399. Development of pain at rest between inclusion and W18 was not significant (p = 0.834) (however the p-value was very close to 0.05 . . . ) as was the same between inclusion and M6 (p = 0.0619). CONCLUSIONS: The reduction of the pain – which was significant during patients’ daily activities at 18 weeks, and then sustained at 6 months – is a testimony to the relevance of this treatment protocol. A greater number of trial subjects would make it possible to confirm the significance of the reduction of pain at rest.

DOUCIFIC PATTERNS FOR RHEUMATOID ARTHRITIS PATIENTS TREATED WITH ABATACEPT OR INFlixIMAB

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OBJECTIVES: To determine dosing patterns associated with real-world treatment of rheumatoid arthritis (RA) patients with infliximab or abatacept. METHODS: An observational, retrospective (colHORT) study of patients new to abatacept and infliximab was conducted using the Pharmacies Patient-Centric Database. All adult patients with at least one claim of RA diagnosis at or prior to initial treatment with infliximab or abatacept from March 2006 to June 2007 were selected. Patients were identified and followed for at least 6 months based on their first infusion claim for infliximab or abatacept with no claims for any other biologic in the prior 6 months. Abatacept and infliximab cohorts were compared with respect to baseline characteristics and occurrence of upward dose adjustments (increase in dose or frequency). RESULTS: Forty abatacept and 216 infliximab patients were identified as new to biologic therapy. The two cohorts were generally similar, however 47.5% of initial infusions for abatacept patients were prescribed by a rheumatologist (also, 15% by primary care physician (PCP) and 37.5% unknown), compared to 72.7% for infliximab patients (with 4.6% by PCP and 22.6% unknown). Abatacept patients were less likely to experience upward dose adjustment than infliximab (10% vs. 57.9%, respectively). Multivariable Cox proportional hazards modeling (adjusted for age, gender, Charlson Comorbidity Index, and 1-year pre-index RA-related costs) determined that infliximab patients were more likely to experience upward dose adjustment than abatacept patients (HR = 3.5, 95% confidence interval = 2.0-14.9, p = 0.001). CONCLUSIONS: Upward dose adjustment with some biologic therapies is common and may lead to unexpectedly higher treatment costs with additional safety considerations. In this study, upward dose adjustment appears to be less likely in patients started on abatacept than infliximab. Further research should determine if the fixed dosing pattern observed with abatacept continues over time, as health care providers and patients become more familiar with this biologic.

RELATIONSHIP BETWEEN LEVELS OF PHYSICAL ACTIVITY AT WORK AND PREVALENCE OF ARTHRITIS AMONG WORKING POPULATION

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OBJECTIVES: Arthritis is the most common chronic illness in the US. Various studies have found association between arthritis and physical demands of work. This study determines the relationship between physical activity at work and prevalence of arthritis among working population. METHOIDS: To distinguish between arthritic and non arthritic, the average duration of the treatment was 3.7 years. There were no significant statistical differences in age, gender and duration from RA diagnosis between patients who were treated with a biologic therapy versus those who were not. There were differences in age, gender and duration from RA diagnosis between patients who were treated with a biologic therapy versus those who were not. At baseline more patients reported their disease status as severe (47.2%) in the biologic group, compared to patients in the non-biologic group (21.3%). Only 9.7% of patients in the biologic group versus 29.5% of patients in the non-biologic group reported their disease status as mild. However, 44.6% of patients in the biologic group versus 25.9% of the non-biologic group reported an improvement in severity after the current treatment, while 11.6% of patients in the biologic group versus 15.3% of the non-biologic group reported increased severity in disease state (chi square p < 0.001) after the current treatment. CONCLUSIONS: In the real world setting, RA patients treated with biologic therapies self-reported more severe disease than patients treated with non-biologic therapies. Biologic therapies significantly reduced patient-reported RA disease severity, compared to non-biologic therapies.