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Treatment schemes and persistence in Colombian patients diagnosed with inflammatory arthritis after the failure of conventional disease-modifying antirheumatic drugs

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Abstract

Introduction:
Inflammatory arthritis is related to disability, chronic pain, and premature death. A lack of treatment persistence leads to poor control of symptoms, inflammation, and joint damage, thereby worsening quality of life.

Objective: To determine the effectiveness of antirheumatic drug treatment and the persistence of use in Colombian patients diagnosed with rheumatoid arthritis (RA), psoriatic arthritis (PsA), ankylosing spondyloarthritis (AS), and juvenile rheumatoid arthritis (JIA) after the failure of conventional disease-modifying antirheumatic drugs. (cDMARDs).

Methods: In this retrospective descriptive study, patients who were diagnosed with RA, PsA, AS, or JIA; were treated at a center specializing in rheumatological diseases; who started their first treatment with biological DMARDs (bDMARDs) or tofacitinib between February 2016 and December 2019; and who were followed up until the discontinuation of treatment or 24 months were evaluated.

Results: A total of 426 patients were included; 78.8% were women, and the mean age was 50.2±14.1 years. The majority had a diagnosis of RA (71.8%). A total of 89.9% had received cDMARDs, and 77.2% had received glucocorticoids. The most frequently initiated bDMARDs were rituximab (31.2%), etanercept (23.0%), and adalimumab (14.6%). A total of 80.3% of patients received concomitant cDMARDs. During an average follow-up of 635.2±189.6 days, 12.9% of patients had changes in their treatment regimen, 26.3% had interruptions in their treatment regimen, and 23.9% discontinued bDMARDs or tofacitinib. Patients who received concomitant cDMARDs were more likely to continue their biological therapy (odds ratio: 8.50; 95% confidence interval: 3.49-20.73; $p<0.001$).

Conclusions: Follow-up evaluation of this group of patients revealed that they were treated mainly with non-TNF-α inhibitors associated with cDMARDs, and a low proportion of the patients had changes in therapy, although one-quarter had treatment interruptions or discontinuations.

Attachments

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