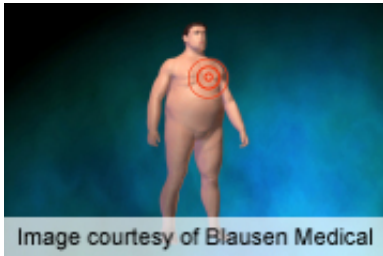


Obesity is a risk factor for poor remission rates in RA

6 July 2012



For patients with long-standing rheumatoid arthritis treated with anti-tumor necrosis factor- γ therapies, obesity is related to poor remission rates, according to a study published online June 21 in *Arthritis Care & Research*.

(HealthDay) -- For patients with long-standing rheumatoid arthritis treated with anti-tumor necrosis factor- γ (anti-TNF γ) therapies, obesity is related to poor remission rates, according to a study published online June 21 in *Arthritis Care & Research*.

Elisa Gremese, M.D., of the Catholic University of the Sacred Heart in Rome, and colleagues conducted a study involving 641 outpatients with long-standing rheumatoid arthritis receiving anti-TNF γ blockers (260 treated with adalimumab, 227 with etanercept, and 154 with infliximab) to examine the impact of obesity on remission. [Patients](#) were recruited from 2006 to 2009 and monitored for 12 months or longer.

The researchers found that, at baseline, 10.3 percent of patients had a body mass index (BMI) in excess of 30 kg/m², and the disease activity score (DAS28) was 5.6 \pm 1.4. After 12 months of anti-TNF γ treatment, 15.2 percent of obese patients had a DAS28 below 2.6, compared with 30.4 percent of patients with a BMI of 25 to 30 kg/m² and 32.9 percent of patients with a BMI of less than 25 kg/m² (P = 0.01). Infliximab was associated with the lowest percentage of

remission, which was significantly lower than either etanercept or adalimumab.

"Obesity represents a risk factor for a poor remission rate in long-standing [rheumatoid arthritis](#) treated with anti-TNF γ ," the authors write. "A personalized treatment might be a possible solution."

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APA citation: Obesity is a risk factor for poor remission rates in RA (2012, July 6) retrieved 9 August 2022 from <https://medicalxpress.com/news/2012-07-obesity-factor-poor-remission-ra.html>

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