

Early therapeutic intervention for pre-RA patients significantly reduces risk of RA

June 15 2017

The results of a meta-analysis presented today at the Annual European Congress of Rheumatology (EULAR) 2017 press conference has demonstrated that early therapeutic intervention in patients with so-called pre-rheumatoid arthritis (pre-RA) significantly reduces the risk of the occurrence of rheumatoid arthritis (RA) in these patients at 52 weeks or more.

Recent progress in the understanding of RA pathogenesis has led to growing interest in the concept of pre-RA, which is defined as undifferentiated arthritis or very early RA, a clinical stage in which very early intervention could be more efficacious.

"Our review of the available clinical data supports the rationale for early treatment in these patients," claimed lead author Dr. Stephane Hilliquin, from the Pitié Salpêtrière University Hospital, Paris, France. "In those studies where pre-RA patients received active treatment, there was a significant reduction in the risk of occurrence of RA at 52 weeks or more," he said. "Although there was no statistically significant difference in the absence of disease progression as seen on X-ray between those taking active treatments or placebo due to the disease being at such an early stage."

"Our data nicely complements the newly launched EULAR campaign: 'Don't Delay, Connect Today,' which emphasises the importance of [early intervention](#) in the treatment of people with rheumatic and musculoskeletal diseases through early diagnosis and early referral,"

added Dr. Hilliquin. "However, the benefit / risk balance and feasibility of early aggressive treatment of pre-RA in clinical practice will still need further assessment," he concluded.

From 595 abstracts, 9 randomised controlled trials (8 related to undifferentiated arthritis; 1 to very early RA) were deemed eligible for analysis, including 2 from congress abstracts. Together these studies provided a total population of 1,156 patients, with weighted mean age of 45.8 ± 15.2 years, mean symptom duration of 16.2 ± 12.6 weeks; and 66.0 ± 17.7 percent were female. The occurrence of RA at week 52 was available in six studies and at week 120 in 1 additional study (a total of 800 patients). Early therapeutic intervention in these pre-RA patients included methylprednisolone, methotrexate, TNF-blocker, abatacept or rituximab.

A systematic literature review was performed following Cochrane guidelines using the terms 'undifferentiated arthritis' or 'very early rheumatoid arthritis' (VERA) associated with 'therapy' or 'treatment', and was limited to randomised controlled trials published in English over the last five years. In addition to searching the PubMed, Embase and Cochrane databases, the review included EULAR and American College of Rheumatology congress abstracts from the last two years.

Two independent readers extracted data using a standardised form covering study quality, patient status at baseline, type of intervention, and disease characteristics over time, as well as the occurrence of RA.

Provided by European League Against Rheumatism

Citation: Early therapeutic intervention for pre-RA patients significantly reduces risk of RA (2017, June 15) retrieved 6 January 2023 from <https://medicalxpress.com/news/2017-06-early-therapeutic-intervention-pre-ra-patients.html>

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