

OP-0083 CLINICAL REMISSION IS ASSOCIATED WITH THE GREATEST IMPROVEMENT IN PATIENT-REPORTED OUTCOMES IN EARLY ACTIVE RHEUMATOID ARTHRITIS OVER THE FIRST TWO YEARS

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Background: Improvement in physical functioning, pain, fatigue and overall health status has been reported as an important goal for treatment in rheumatoid arthritis (RA) patients. However, there have been few data on the extent of patient-reported outcome (PRO) improvement that can be expected when the ultimate goal of clinical remission and radiographic non-progression is achieved.

Objectives: To evaluate the PRO improvement associated with achieving clinical remission and/or radiographic non-progression.

Methods: Data from the COMET (Combination of Methotrexate and Etanercept in Active Early Rheumatoid Arthritis) trial was used. Patients were categorized into 4 groups according to whether they had achieved clinical remission (DAS28<2.6) or radiographic non-progression (change in modified Total Sharp Score [mTSS] < data. missing for forward carried observation last using covariance of analysis by analyzed were 1 year completed who population intention-to-treat modified the measures PRO in 2 end to baseline from improvement Mean 50). mean general with normed summary; component [MCS] mental and [PCS] physical (SF-36 Form-36 Short 0-1), [range utility EQ-5D 0-100]; VAS (EQ-5D EuroQoL-5D (0-100), fatigue 0-100), (VAS, scale analogue visual pain 0-3), range (HAQ, Questionnaire Assessment Health measured PROs 2. at>

Results: 360 subjects had evaluable clinical and radiographic endpoints. At baseline, patients had active disease (mean DAS28=6.5, SD=0.96) with median mTSS of 3.5 (interquartile range: 1.0-8.0). Mean disease duration was 8.8 months. 81% (150/185) of patients who achieved clinical remission also achieved radiographic non-progression at the end of year 2. Patients who achieved clinical remission had almost two-fold greater improvement in PROs than patients without clinical remission. No difference was observed between patients who achieved clinical remission and radiographic non-progression compared with those achieving only clinical remission.

Table:

Change	Adjusted mean improvement* in PROs from baseline to end of year 2				Overall P value*
	No remission + progression	No remission + non-progression	Remission + progression	Remission + non-progression	
	(n=47)	(n=128)	(n=35)	(n=150)	
HAQ	-0.79	-0.75	-1.29	-1.31	<0.0001
Pain VAS	-28.3	-30.0	-51.6	-50.3	<0.0001
Fatigue VAS	-16.1	-19.8	-39.4	-36.2	<0.0001
EQ-5D utility	0.26	0.26	0.47	0.44	<0.0001
EQ-5D VAS	18.3	21.3	39.7	37.6	<0.0001
SF-36 PCS	10.0	9.7	17.6	19.4	<0.0001
SF-36 MCS	4.1	5.5	11.9	9.1	<0.0001

*ANCOVA model adjusted for gender and baselines scores

Conclusion: Clinical remission should be the goal of therapy in early active RA, in part, because it is associated with the greatest improvement in multiple dimensions of PROs, including physical function, pain, fatigue, mental health, and overall health. Clinical remission appears to have a greater immediate effect on PROs than radiographic progression in early active RA. Given the known association of radiographic progression with later functional deterioration, this relationship may be expected to change with longer follow-up.

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