

Real-world induction DMARD therapy in rheumatoid arthritis (RA); insights in the Dutch Santeon benchmark framework to improve patient care.

J.P. van Groenestijn, A.B.G. Kwast, S. van Lint, L. van Lier, C. Storck, I. Fransen, A. Jamnitski, M. Ghiti Moghadam, A.E.A.M. Weel
On behalf of Santeon Rheumatology, physician assistants, specialised nurses & all staffmembers

Introduction

International guidelines advise Methotrexate (MTX) 25–30 mg/week as the cornerstone therapy for new RA patients to achieve at least a low disease activity within 3-6 months. Dutch Santeon Hospitals showed in real life data comparable disease activity scores after 6 months. However with a variation in DMARD induction protocol (fig. 1,2).



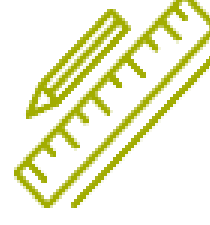
International guideline and local protocols		
EULAR	Start	• MTX should be part of the first treatment strategy. MTX can be rapidly escalated to about 25mg once weekly
Maasstad Hospital	Start	• MTX 15mg and escalate to 25mg within 3 months
	Bridging	• Steroids: de-escalation schedule: 15mg within 8 weeks to 0 or depomedrol 120mg intramuscular
	Continuation	• Switch to bDMARD after three months based on disease activity and prognosis • If not, add sulfazalin • At DAS28 above 2.6 bDMARD or TS
Medisch Spectrum Twente	Start	• MTX 20mg subcutaneous i.c.w. plaquinil (HCQ) 400mg • After 1 month MTX increased to 25mg • After 2 months MTX increased to 30mg (if needed based on DAS28 score) • Optional: one-off steroids - 120mg of triamcinolone intramuscular
	Bridging	• Next step may include systemic steroids
	Continuation	• After 4 months, option to add TNF-blocker based on DAS28 score • Bridging: add steroids or sulfasalazine
St. Antonius Hospital	Start	• MTX 15mg and escalate to 25mg within 2 months
	Bridging	• In case of high disease activity and/or rheumatoid factor and/or anti-ccp positive: prednisone oral or IM - starting dose varies
	Continuation	• No further action if low disease activity • If DAS28 above 3.2, start HCQ and/or sulfasalazine and/or steroids

Figure 1

Objective

Gain real world insight in actual induction csDMARD in newly diagnosed RA patients.

Methods

-  Dutch Santeon Hospitals (Maasstad Hospital, Medisch Spectrum Twente, St. Antonius Hospital)
-  Real life cohort of 1238 newly diagnosed RA patients Jan 2016 – June 2021
-  Descriptive statistics; Initial csDMARD at baseline, at 3 months and 6 months

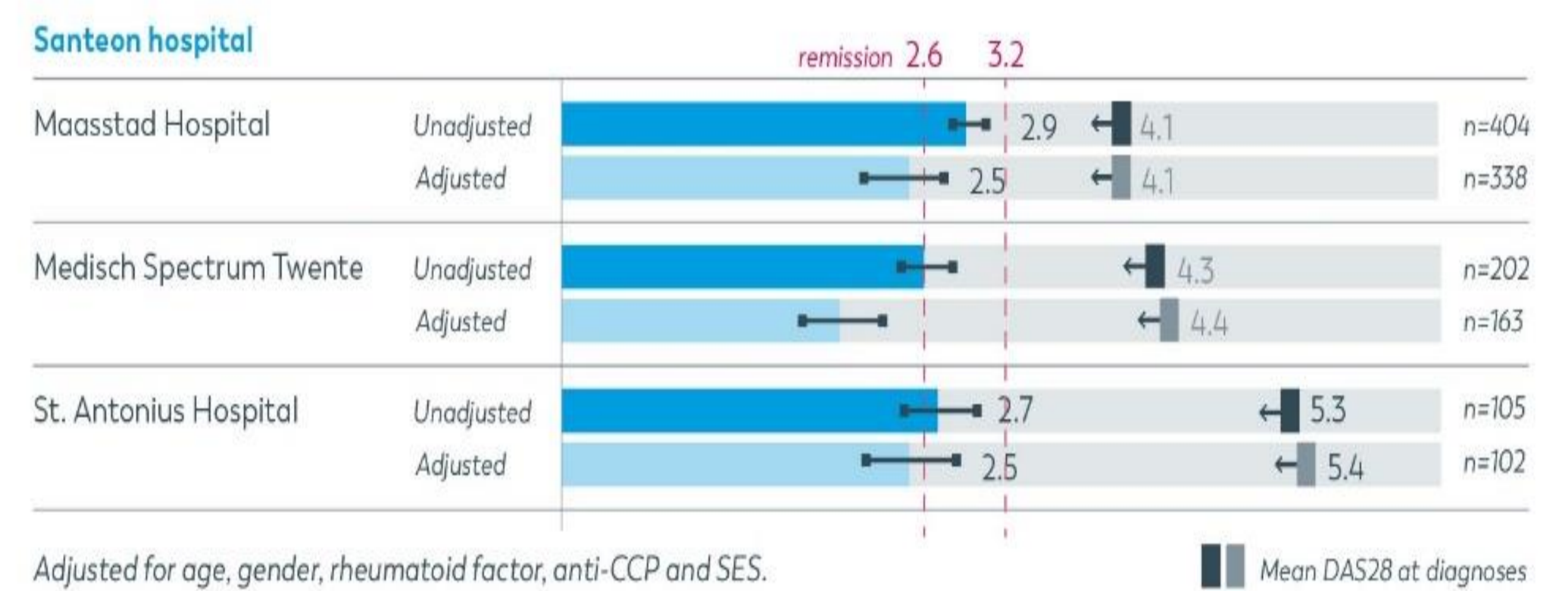


Figure 2

Results

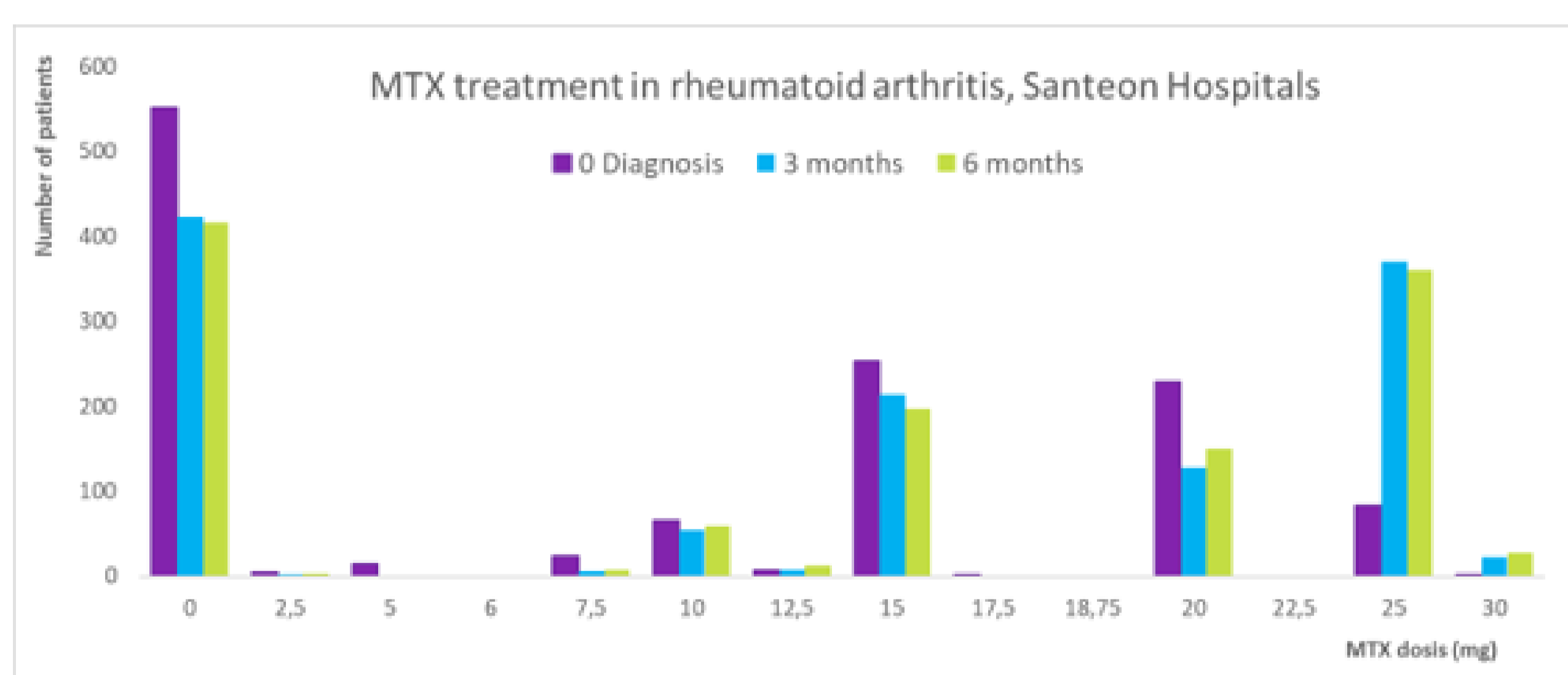


Figure 3

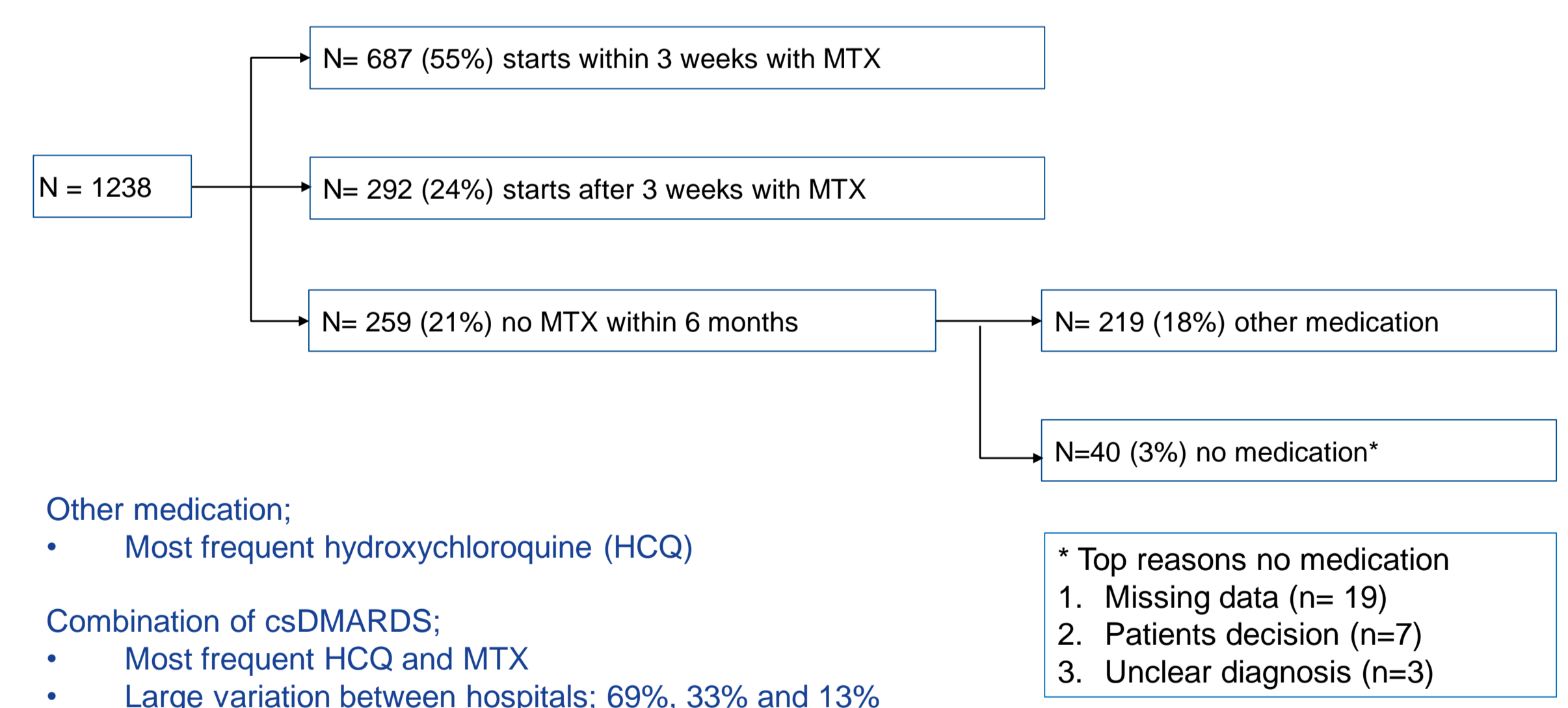


Figure 4

Conclusions

- In real life a large variance in time and dose of induction MTX was observed. (fig. 3)
- One out of 5 patients did not start with MTX within 6 months, most had other CS DMARDs like HCQ. (fig.4)

Recommendations:

- Our findings rise the urgency of an international induction protocol since the DAS28 did not vary after 3 and 6 months.
- Further research on precision csDMARD treatment based on patients characteristics (gender, rheumafactor, anti CCP) is necessary.

Questions?



Annemieke van Groenestijn
VBHC project leader
Maasstad Hospital / Santeon
groenestijn@maasstadziekenhuis.nl

References

