Treat to target of remission is effective, but not all patients are always in remission

L.M.M. Steunebrink1,2, P.M. ten Klooster2, H.E. Vonkeman1,2, G.A. Versteeg1,2, A.E. van der Bijl3, M.A. van de Laar1,2
1 Medisch Spectrum Twente, Enschede, The Netherlands; 2 University of Twente, Enschede, The Netherlands; 3 Isala Klinieken, Zwolle, The Netherlands

Objective
The objective of the present study was to identify the proportion of RA patients not receiving optimal long-term clinical benefit from T2T therapy.

Methods
- Patients with early RA included in the DREAM remission induction cohort between January 2006 till June 2010
- Treated according to a step-up strategy aiming at remission, which consisted of methotrexate, followed by the addition of sulfasalazine and subsequently exchange of sulfasalazine with a TNFi in case of persistent disease activity
- DAS28-ESR was used to assess if patients were in LDA (DAS28 ≤3.2) or remission (DAS28 ≤2.6) at every visit
- T2T therapy is considered not fully effective in case the patient’s disease activity is moderate to high (DAS28 >3.2) over a period of ≥6 months

Results
- Five-year follow-up data were available from 229 patients (63.3% female, mean age 57.7 years).
- Between 1 and 5 years after start of T2T treatment, the mean DAS28 scores over time remained stable and below the cutoff for remission (Figure)
- In this period however, 67 (29.3%) patients experienced at least one episode of ≥6 months with low, moderate or high disease activity (DAS28 >2.6).
- Moreover, 34 (14.8%) patients experienced at least one episode of ≥6 months with moderate or high disease activity (DAS28 >3.2).

Conclusion
- T2T therapy in early RA results in stable low disease activity.
- However, even in this very well managed population, a relevant proportion of patients is not always in remission.
- This suggests an unmet need that deserves additional study to further improve RA management.