

**Annual European Congress of Rheumatology
(EULAR 2018)**

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**EARLY, INTENSIVE TREATMENT OF RHEUMATOID ARTHRITIS PROVIDES
LONG-TERM BENEFITS AND MAY NORMALISE MORTALITY RATES**

Study looked at rates of mortality after 23 years follow-up

Amsterdam, The Netherlands, 13 June 2018: The results of a 23-year, follow-up study presented today at the Annual European Congress of Rheumatology (EULAR 2018) suggest early, intensive treatment of rheumatoid arthritis has long-term benefits including the normalisation of mortality to levels consistent with the general population.¹

“We know that the adverse effects of rheumatoid arthritis on the body only become truly apparent after more than a decade,” said Professor Robert Landewé, Chairperson of the Scientific Programme Committee, EULAR. “Therefore, it is really interesting to see these data supporting early therapy after such a long period of follow-up.”

Rheumatoid arthritis (RA) is a chronic inflammatory disease that affects a person’s joints, causing pain and disability. It can also affect internal organs. Rheumatoid arthritis is more common in older people, but there is also a high prevalence in young adults, adolescents and even children, and it affects women more frequently than men.

Mortality in patients with RA is higher than in the general population.^{2,3,4} There have been many advances in management which have demonstrated improved morbidity rates, however evidence of improved mortality rates has remained elusive.⁵

“Our results confirm that early, intensive treatment of rheumatoid arthritis, including use of glucocorticoids, has long-term benefits”, said Professor Maarten Boers, VU University Medical Center, Amsterdam, The Netherlands (study author). “Importantly, this study is one of the first to show a normalisation of RA mortality compared to the general population after 23 years of follow-up.”

This prospective study looked at the rate of mortality after 23 years follow-up of the COBRA (COMbinatietherapie Bij Rheumatoide Artritis) trial. In the original study,⁶ patients with early RA were treated with sulphalazazine (SSZ) monotherapy or a combination of SSZ, low-dose methotrexate and initially high, step-down prednisolone. Results demonstrated the combined therapy regimen offered additional disease control over SSZ alone. In 2010, after 11 years of follow up, another study showed numerically (but not significantly) lower mortality in patients on the combined therapy regimen compared to patients with SSZ monotherapy.⁷

The current study included data from 154 of the 155 original patients with a mean follow-up time of 23 years (in those that did not die). Using a reference sample matched for age and

gender, investigators demonstrated numerically (but not significantly) lower mortality of the study participants (44/154, 28%) compared to the general population (55/154, 35%). Within the study population, 20/75 (27%) died who were randomised to the combined therapy regimen, and 24/79 (30%) on SSZ alone. The difference between the two therapeutic approaches was not significant and the positive trend for combined therapy over SSZ decreased over time.¹

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-ENDS-

NOTES TO EDITORS

For further information on this study, or to request an interview with the study lead, please do not hesitate to contact the EULAR Press Office:

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About Rheumatic and Musculoskeletal Diseases

Rheumatic and musculoskeletal diseases (RMDs) are a diverse group of diseases that commonly affect the joints but can affect any organ of the body. There are more than 200 different RMDs, affecting both children and adults. They are usually caused by problems of the immune system, inflammation, infections or gradual deterioration of joints, muscle and bones. Many of these diseases are long term and worsen over time. They are typically painful and limit function. In severe cases, RMDs can result in significant disability, having a major impact on both quality of life and life expectancy.⁸

About 'Don't Delay, Connect Today!'

'Don't Delay, Connect Today!' is a EULAR initiative that unites the voices of its three pillars, patient (PARE) organisations, scientific member societies and health professional associations - as well as its international network - with the goal of highlighting the importance of early diagnosis and access to treatment. In the European Union alone, over 120 million people are currently living with a rheumatic disease (RMD), with many cases undetected.⁹ The 'Don't Delay, Connect Today!' campaign aims to highlight that early diagnosis of RMDs and access to treatment can prevent further damage, and also reduce the burden on individual life and society as a whole.

About EULAR

The European League against Rheumatism (EULAR) is the European umbrella organisation representing scientific societies, health professional associations and organisations for people with RMDs. EULAR aims to reduce the burden of RMDs on individuals and society and to improve the treatment, prevention and rehabilitation of RMDs. To this end, EULAR fosters excellence in education and research in the field of rheumatology. It promotes the translation

of research advances into daily care and fights for the recognition of the needs of people with RMDs by the EU institutions through advocacy action.

To find out more about the activities of EULAR, visit: www.eular.org.

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- ⁸ van der Heijde D, *et al*. Common language description of the term rheumatic and musculoskeletal diseases (RMDs) for use in communication with the lay public, healthcare providers and other stakeholders endorsed by the European League Against Rheumatism (EULAR) and the American College of Rheumatology (ACR). *Annals of the Rheumatic Diseases*. 2018;doi:10.1136/annrheumdis-2017-212565. [Epub ahead of print].
- ⁹ EULAR. 10 things you should know about rheumatic diseases fact sheet. Available at: <https://www.eular.org/myUploadData/files/10%20things%20on%20RD.pdf> [Last accessed April 2018].