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DATA SUPPORT THE IDEA OF A TREATMENT WINDOW IN THE PRE-ARTHRITIS PHASE OF EARLY RA

Suppressing inflammation in clinically suspect arthralgia may modify disease course

Rheumatoid arthritis (RA) is the most common autoimmune disease, and requires long-term treatment to suppress inflammation. Currently, methotrexate is initiated as first-line treatment when arthritis becomes clinically apparent with joint swelling. However, disease processes begin long before patients develop symptoms. New research published at the 2022 EULAR Congress in Copenhagen suggest that there is potential for a treatment window in the pre-arthritis early phase of RA, where limitations can be just as severe as at the onset of clinical arthritis. But it is also important to consider people's socioeconomic factors, which may also have a bearing on progression to inflammatory arthritis.

Dr Doortje Krijbolder and colleagues hypothesized that the at-risk phase of symptoms and subclinical joint-inflammation is a therapeutic window in which it may be possible to permanently modify the disease course. TREAT-EARLIER was a randomized, double-blind, 2-year proof-of-concept trial, in which 236 adults with arthralgia clinically suspected of progressing to RA and MRI-detected subclinical joint inflammation were assigned to receive either a single intramuscular glucocorticoid injection and a 1-year course of oral methotrexate, or placebo injection and placebo tablets.

The group found that, after 24 months, arthritis-free survival was similar in both groups (80% versus 82%). Physical functioning improved more in the treatment-group during the first months and remained better. Similarly, pain, morning stiffness, and presenteeism showed sustained improvement compared to placebo. MRI-detected joint-inflammation was also persistently improved.

High-risk participants in the treatment group showed a delay in clinical arthritis development: they developed the endpoint less often during treatment, but frequencies became similar at 24 months (67% in both groups). A similar delaying effect was observed in ACPA-positive participants, where 48% and 52% had developed persistent clinical arthritis at 24 months.

The findings suggest that methotrexate initiated at the pre-arthritis stage of joint symptoms and subclinical inflammation did not prevent the development of clinical arthritis – but modified the disease course as measured by sustained improvement in inflammation, symptoms, and impairments. These data could open up a new treatment landscape in a pre-arthritis phase of RA, where limitations can be just as severe as at the onset of clinical arthritis.

Another group also published findings in clinically suspect arthralgia patients. The research, presented by Dr Sarah Khidir, set out to examine the influence of socioeconomic factors on RA development. 600 patients presenting with clinically suspect arthralgia were followed for the development of inflammatory arthritis. Educational attainment was defined as low (lower general secondary education), medium, or high (college or university education).

Results showed that patients with a low level of educational attainment were older, had a higher body mass index (BMI), and smoked more often compared to patients with a high educational level. But even after adjusting the data to take into account age, BMI, and smoking status, low educational attainment was associated with increased development of inflammatory arthritis.

The group also reported that patients with a lower educational level had higher levels of subclinical inflammation at presentation, which was associated with a higher risk of progression to inflammatory arthritis.

This is the first evidence that lower educational attainment of patients with arthralgia is associated with a higher risk of developing arthritis. Further research into the role of socioeconomic factors on the development of RA is needed.

Source

Krijbolder D, et al. Intervention with Methotrexate in Arthralgia at Risk for Rheumatoid Arthritis to reduce the Development of Persistent Arthritis and its Disease Burden (TREAT EARLIER): a double-blind, randomised, placebo-controlled trial. Presented at EULAR 2022; abstract OP0070.

Khidir S, et al. Clinically suspect arthralgia patients with a low level of educational attainment have an increased risk to develop inflammatory arthritis. Presented at EULAR 2022; abstract OP0036.

About EULAR

EULAR – the European Alliance of Associations for Rheumatology – is the European umbrella organisation representing scientific societies, health professional associations and organisations for people with rheumatic and musculoskeletal diseases (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.

About the EULAR European Congress of Rheumatology

Since its introduction in 2000, the annual EULAR European Congress of Rheumatology has become the primary platform for exchange of scientific and clinical information in Europe. It is also a renowned forum for interaction between medical doctors, scientists, people with arthritis/rheumatism, health professionals and representatives of the pharmaceutical industry worldwide. The EULAR congress is usually held in June in one of the major cities in Europe.

The scientific programme covers a wide range of topics on clinical innovations, clinical, translational and basic science. Meetings set up by associations of people with arthritis/rheumatism, health professionals and the health care industry complement the programme. The poster sessions, offering lively interaction between presenters and participants, are regarded by many as the heart of the congress.

Over the years, the EULAR Congress has gained a reputation of being a most innovative platform for the practicing physician particularly with respect to the acquisition of information on novel clinical research. The congress attracts more than 18,000 delegates from more than 130 countries.

The aim of the EULAR European Congress of Rheumatology is to provide a forum of the highest standard for scientific, both clinical and basic, educational, and social exchange between professionals involved in rheumatology, liaising with patient organisations, in order to achieve progress in the clinical care of people with rheumatic diseases.

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