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# Optimisation Programme of Biological Therapies in Rheumatoid Arthritis: Results of CREATE Registry after 3 years.

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## BACKGROUND

Dose optimisation (dose reduction or dose spacing) is a therapeutic strategy applied in patients with rheumatoid arthritis (RA) who have managed to maintain clinical remission. This strategy reduces frequency of adverse effects and promotes cost savings.

## PURPOSE

•Evaluate effectiveness of dose optimization after 3 years.
•Evaluate effectiveness of restoring standard dosing after optimized dose failure.
•Explore if it is possible to identify any difference in effectiveness regarding type of biological therapy used (antiTNF versus non antiTNF drugs).

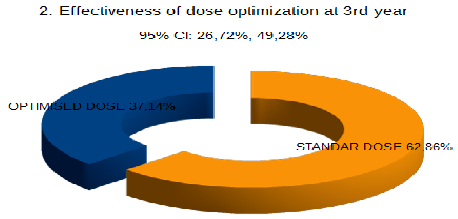
## MATERIAL AND METHODS

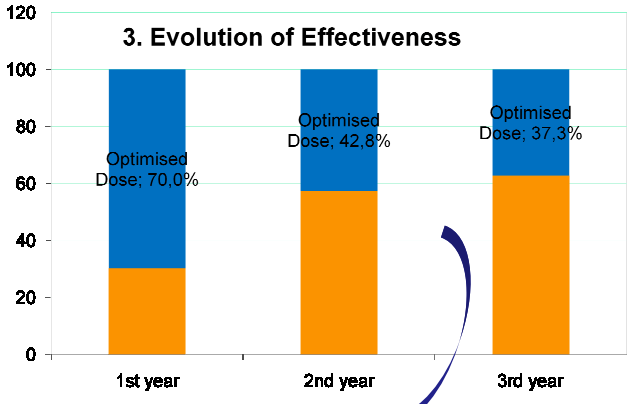
Patients with RA (Criteria American College of Rheumatology 1987/2010) of the CREATE registry (patients treated in real life conditions) who had clinical remission (Disease Activity Score 28 (DAS28) <2.6) of at least 6 months of duration on November 2013, constituted the cohort of patients who were optimised.
**Optimisation protocol** meant reduction of 20-50% of the dose.
**Effectiveness:** % of patients maintaining CR (DAS28 value<2,6) after 3 years of optimization regimen.

## RESULTS

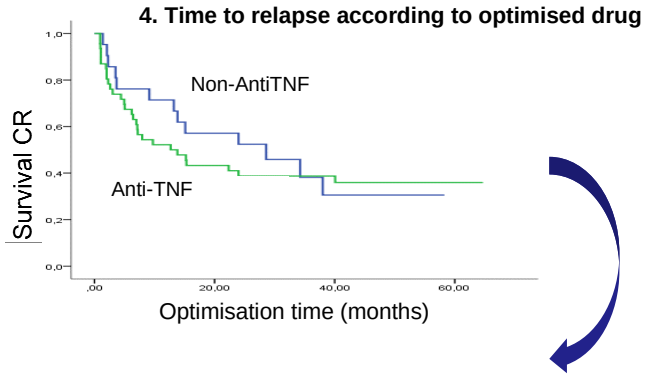
A cohort of 70 patients with RA received optimized doses and were prospectively followed-up for 3 years.

| 1. Characteristics | N (%) o Median (SD) |
|---|---|
| Sex (female) | 55 (78,6) |
| RF+ | 44 (68,8) |
| ACCP | 30 (66,7) |
| Age at optimisation (years) | 56,93 (13,74) |




All patients who relapsed were switched to standard dose. In our cohort, all these patients managed to reached clinical remission or at least low disease activity.




The median survival time of the optimization regimen was 15.24 (4.65) months (95% CI: 4.66-25.83).
No statistically significant differences were found when comparing patients regarding type of optimized drug (antiTNF versus non-anti-TNF) (test log.rank: 0.239, p: 0.625).

## CONCLUSIONS

Dose optimisation strategy of biological therapies in patients with established RA that achieve sustained remission was possible in 37.3% of cases in real clinical practice (CREATE Registry) and it was maintained for 3 years.
This strategy is possible when disease is persistently controlled and it is independent of type of drug administered (antiTNF versus non-antiTNF).
When relapse occurs, switching to standard dose allows reaching therapeutic goal again.