Biologic monotherapy: a treatment option for elderly RA patients with multimorbid conditions?

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Conclusions

A considerable proportion of severely affected patients with RA cannot be treated with MTX due to comorbid conditions. This applies in particular to older and multimorbid patients who could benefit from a similarly tolerated and effective monotherapy with the bDMARDs ABA, ETA or TOC. However, it has to be kept in mind that higher dosages of glucocorticoids were needed to reach the comparable effectiveness. For ADA, combination with MTX is advisable.

Background

The treatment of RA with biologic (b)DMARDs should usually be combined with the non-biologic (nb)DMARD methotrexate (MTX). Randomized controlled trials showed superior efficacy of combination therapy. Nevertheless, in daily clinical care about one third of patients are treated with monotherapy due to intolerability of MTX or other nbDMARDs.

Objectives

To investigate treatment adherence and comedication of bDMARD mono- vs. combination therapy in unselected RA patients and patient characteristics of the respective treatment regimen.

Methods

Patients enrolled in RABBIT with abatacept (ABA), adalimumab (ADA), etanercept (ETA) and tocilizumab (TOC) from 2007 to 2012 who had at least one follow-up (N=1937) were stratified according to their treatment with bDMARD monotherapy or bDMARD + MTX. Therapy discontinuation within the first 12 months of follow-up was examined with Kaplan-Meier methods.

Results

Patients' baseline characteristics

	ABA		ADA		ETA		TOC	
	mono	+MTX	mono	+MTX	mono	+MTX	mono	+MTX
N	92	162	238	392	240	339	256	218
Age	58.8	56.8	56.4	54.1	61.6	55.8	58.0	55.3
% Female	77.2	76.5	84.5	74.2	78.8	69.9	82.4	76.1
Disease duration	13.0	12.7	10.6	9.3	11.2	9.9	11.9	10.9
DAS28	5.6	5.3	5.1	4.9	5.1	4.8	5.5	5.2
FFbH (% phys. function)	50.8	56.2	62.5	67.8	58.9	67.5	58.9	63.4
#comorbidities (mean)	2.2	1.7	1.7	1.3	2.2	1.4	1.8	1.4
Chr. renal disease (%)	6.7	6.7	12.4	11.2	27.0	12.4	21.4	2.3
Chr. liver disease (%)	13.2	2.6	18.4	5.3	29.0	5.3	21.1	5.3
# prev. bDMARDs	1.8	1.7	0.3	0.2	0.3	0.2	1.2	1.1
# prev. sDMARD	3.2	3.0	2.5	2.4	2.7	2.5	2.5	2.4

Characteristics of patients treated with bDMARD monotherapy:

- higher disease activity and longer disease duration
- older and more often female
- up to 6 times more often affected by chronic renal or liver disease

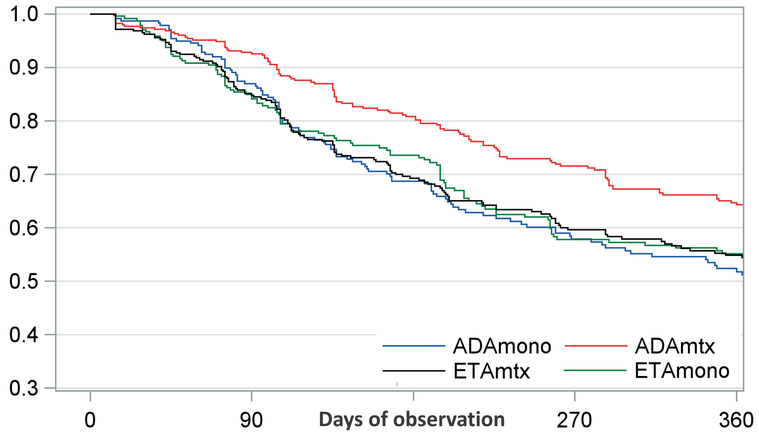
Survival on bDMARD+MTX or monotherapy:

- no differences between survival on bDMARD+MTX vs. monotherapy for ETA, ABA and TOC
- Patients treated with ADA+MTX had significantly better survival on therapy than patients treated with ADA monotherapy

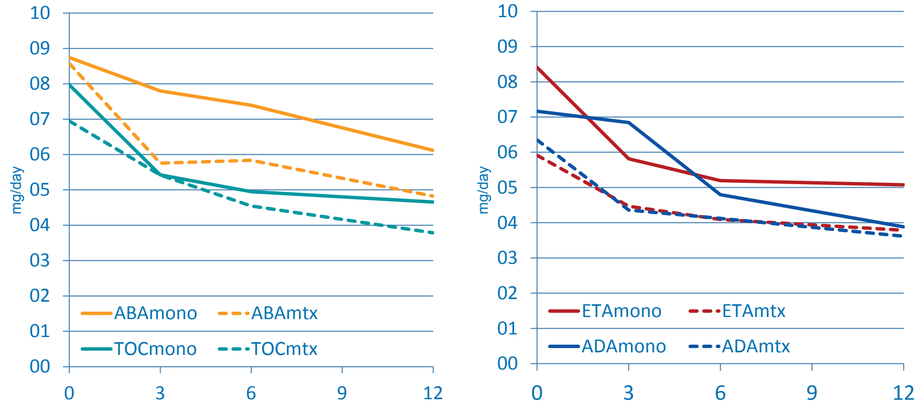
Concomitant use of glucocorticoids

- Doses of concomitant glucocorticoids remained higher in bDMARD monotherapy
- Apparently similar adherence of bDMARD+MTX and monotherapy is supported by glucocorticoids

Survival on bDMARD+MTX or monotherapy (ADA & ETA)



Concomitant glucocorticoids from baseline to month 12 of observation



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