

## Conclusions

- Most patients achieved satisfaction with their treatment's effectiveness. Those already satisfied at baseline were likely to remain satisfied after one year.
- Among factors with significant impact on satisfaction, physicians can control only glucocorticoid therapy.
- Glucocorticoid doses >5mg/day (35% of patients in months 6-12 after enrolment) have a negative impact on satisfaction, the risk of not achieving satisfaction increases strongly with the dose.

## Background & Objectives

- The satisfaction of rheumatoid arthritis (RA) patients with the effectiveness of their pharmacological therapy is a relevant patient reported outcome which influences treatment adherence and continuation. However, it has not been investigated frequently, and almost never in large studies.
- The objective was to assess factors exerting a potential influence on the satisfaction with the treatment and to quantify this influence.

## Patients & Methods

- The German biologics register RABBIT continuously includes RA patients with a new DMARD start after at least one csDMARD failure. Patients enrolled between 01/2009 and 04/2019 with ≥ 1 follow-up and ≥ 12 months of observation time were analysed (n=10,646).
- Satisfaction with the applied treatment was measured in four categories from "very satisfied" to "very unsatisfied". For analysis, the variable was binarized.
- Logistic regression combined with multiple imputation of missing values was performed to calculate odds ratios (ORs) for factors which might have an influence on treatment satisfaction after 1 year of treatment.

## Patient characteristics

- At treatment onset, 55% of patients were "very" or "rather" satisfied (in the following: "satisfied"), while the rest was "very" or "rather" unsatisfied (in the following: "unsatisfied") with their therapy.
- Patients already satisfied at baseline on average had less disease activity, less pain, less tender joints and better physical function. They received less often glucocorticoids (GC), TNF inhibitors (TNFi) and other b/tsDMARDs than patients not satisfied at baseline.

	Not satisfied n=4,824 (45.3%)	Satisfied n=5,822 (54.7%)
Age [years]	56.7 ± 12.7	58.3 ± 12.6
Female sex	3,639 (75.4%)	4,273 (73.4%)
Current smoker	1,369 (28.4%)	1,600 (27.5%)
DAS28-ESR < 3.2	361 (7.5%)	899 (15.4%)
3.2 ≤ DAS28-ESR < 5.1	2,181 (45.4%)	2,961 (50.9%)
DAS28-ESR ≥ 5.1	2,272 (47.1%)	1,962 (33.7%)
Swollen joint count	5.5 ± 4.7	4.7 ± 4.1
Tender joint count	8.5 ± 6.9	6.8 ± 6.0
Patient global health assessment	6.4 ± 1.9	5.1 ± 2.1
Erythrocyte sedimentation rate [mm]	29.2 ± 21.7	27.5 ± 20.5
Pain (0-10 scala)	6.2 ± 2.0	5.2 ± 2.3
Percentage of full physical function	61.8 ± 22.6	70.7 ± 22.3
Number of previous bDMARD therapies	0.5 ± 0.9	0.4 ± 0.8
Number of previous csDMARD therapies	2.2 ± 1.1	1.9 ± 1.0
Actual TNFi therapy	2,433 (50.5%)	2,320 (39.9%)
Actual other b/tsDMARD therapy	1,256 (26.0%)	1,336 (22.9%)
GC dose (last 6 months) [mg/d]	2,934 (60.8%)	3,071 (52.8%)
Change of therapy due to treatment failure after enrolment	4.4 ± 4.5	3.3 ± 3.5

Table: Baseline patient characteristics.  
Numbers are mean ± standard deviation or frequencies (n (%))

## Results

After one year of observation, 85% of patients were satisfied with the effectiveness of their treatment.

### Factors associated with treatment satisfaction

- Factors positively associated with treatment satisfaction were satisfaction at baseline, reduction of DAS28-ESR and pain as well as the improvement of physical function at follow-up and seropositivity.
- Factors positively associated with treatment satisfaction were obesity, depression, fibromyalgia, prior bDMARD therapies, a change of therapy due to treatment failure after enrolment and a concomitant therapy with more than 5 mg glucocorticoids per day.
- The risk of not achieving treatment satisfaction increased strongly with the glucocorticoid dose.
- Among the components of DAS28-ESR, joint counts had a greater influence on the achievement of treatment satisfaction than inflammation.

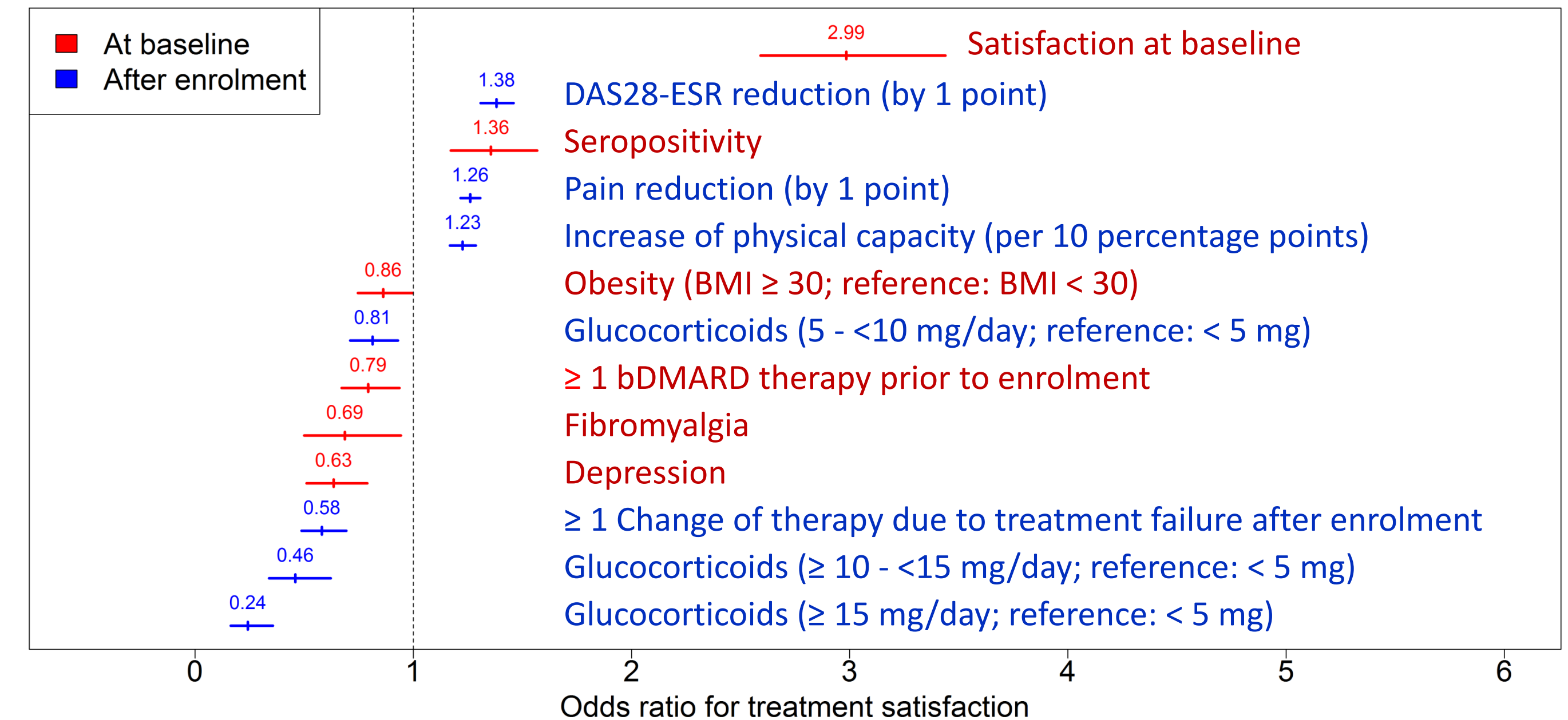


Figure: Factors significantly associated with the achievement of therapy satisfaction after one year of treatment. Shown are adjusted ORs (with 95% confidence intervals).

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