

# Greatest adverse events associated with RA is uncontrolled RA

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# Objective -1

- \* Rationale for paradigm shift in RA
- \* Move from “first do no harm” to “I must control your RA
- \* Need to address early and effectively

# Early RA: Defining the Window of Opportunity

- \* The-earlier-the-better principle
- \* synovitis is *qualitatively* different within the window
- \* Best time to strike is before 15 to 20 weeks after onset
- \* Lower disease activity  less progression and reductions in joint damage

# Early Erosions → Future Damage

- \* Inflammation → future joint destruction
- \* May not be obvious
- \* 83% - non swollen joints, + for erosions had subclinical inflammation MRI
- \* MRI inflammation + baseline erosions 11% increased risk of erosions
- \* Erosions on presentation had 3.45 times ↑ radiological damage

# Early RA Control Prevents CV Events

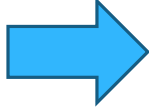
- \* RA independent risk factor for multi-vessel CAD
- \* Inflammation and disease activity in first year boost ACS risk
- \* The incidence of acute coronary syndrome (ACS) early in new-onset RA
- \* @ markers of inflammation, high disease activity, poorer perceived health and lower physical function

<https://www.medpagetoday.com/rheumatology/arthritis/1282>

<https://www.medpagetoday.com/Rheumatology/Arthritis/52567>

# Objective 2

## RA course and Treatment Impact

- \* Course of disease activity is milder in recent years, perhaps because of more aggressive treatment strategies
- \* Systemic Burden: CVS death and Lymphoma remains high in untreated RA
- \* Severe and longstanding RA  70 times the risk for developing lymphoma

<https://www.medpagetoday.com/rheumatology/arthritis/2749>

<https://www.medpagetoday.com/rheumatology/arthritis/1679>

# Early Remission Key in RA

## *IMPROVED study*

- \* Methotrexate, 25 mg/week, and prednisone started at 60 mg/day
- \* At 2 years, half of patients were in remission
- \* 49% with early RA or UA were in DAS remission
- \* 21% were off drugs
- \* Taper and stop medication avoiding prolonged use



# Combo Therapy Wins

- \* Upfront Combination Therapy Improves Early RA Symptoms
- \* Hitting RA early with a double whammy of DMARDs
- \* 76% of methotrexate plus steroid injections had low disease activity as shown at 1 year
- \* Equivalent to rates achieved with the addition of adalimumab (Humira) in early rheumatoid arthritis (RA)
- \* Early treatment less drugs

<https://www.medpagetoday.com/PrimaryCare/PreventiveCare/2025>

<https://www.medpagetoday.com/Rheumatology/Arthritis/44591>



# Objective 3

- \* Identifying patients for poor RA control
- \* Dialogue Techniques

# Treat Early to Live Longer

- \* **Early Treatment Yields Better Long-Term Outcomes**
- \* **U.K. study suggests 22 % reduction in mortality with early RA Treatment**

# Medication Concerns

- \* Biologic therapies do not increase cancer risks despite concerns
- \* Growing confidence of Rheumatologist's in safety
- \* Screening and immunizations protocols to be adopted more for monitoring

<https://www.medpagetoday.com/meetingcoverage/acr/11522>

<http://www.mdedge.com/rheumatologynews/article/141180/rheumatoid-arthritis/biologics-tnf-inhibitors-confer-no-excess>

# Weight Loss CVS, Cancer Mortality

- \* Systemic inflammation may underlie mortality risk in men
- \* Rapid and cumulative weight loss are the strongest predictors of cardiovascular and cancer mortality in men with rheumatoid arthritis (RA)
- \* Untreated RA is dangerous than treated RA

# Lifestyle and RA

- \* Obesity in Women Linked With Early RA
- \* Overweight or obese, particularly those becoming so by late adolescence
- \* 35% higher risk among those with body mass index (BMI) values of 25 or higher at age 18
- \* Risk among those women for developing seropositive RA -- generally considered more severe -- increased by almost 50%

<https://www.medpagetoday.com/Rheumatology/Arthritis/47034>

# Obesity in Women Linked With Early RA

- \* Women who are overweight or obese
- \* Late adolescence have an elevated risk for developing RA
- \* Adipocytes produce inflammatory markers
- \* Tumor necrosis factor, interleukin-6, and C-reactive protein

# Eat More Fish

- \* Eating Fish May Ease Rheumatoid Arthritis
- \* Eating fish 2x /week may help reduce joint pain and inflammation in rheumatoid arthritis (RA)
- \* tuna, salmon, sardines, trout, sole, halibut, poke, and grouper

# Quit Smoking

- \* Strongly increase rheumatoid arthritis risk among individuals with genetic susceptibility to the disease
- \* Smoking in RA Genotype + Caucasians roughly doubled their chances of developing the disease if they smoked (relative risk 8.7 versus 4.8 for nonsmokers)



# Work Exposures Linked with RA

- \* Occupations with exposure to noxious airborne agents at risk. Similar to Smoking
- \* Especially in Men; Seropositive RA
- \* Production-related occupational groups
- \* Electrical and electronics workers
- \* Bricklayers and concrete workers and material handling operators

# Early RA Patients Lose Grip

- \* Over 5 Years
- \* Assessment and rehab could help prevent grip force loss
- \* Monitoring and exercises regimen by professional therapist

<https://www.medpagetoday.com/Rheumatology/Arthritis/66815>

# Improved communications

- \* Connectivity through digital media
- \* Apps to track RA
- \* <https://arthritispower.creakyjoints.org/>