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BIOLOGICAL DMARD GUIDELINES ASSOCIATED WITH A REDUCED NEED FOR KNEE AND HIP REPLACEMENTS IN RA PATIENTS

Clear downward trend in these operations in Danish RA patients since addition of bDMARDs to treatment protocols

Madrid, Spain, 15 June 2017: The results of a Danish study presented today at the Annual European Congress of Rheumatology (EULAR) 2017 press conference showed that the incidence of total knee replacements (TKR) carried out on patients with rheumatoid arthritis (RA) started to decrease after the introduction of biological Disease-Modifying Anti-Rheumatic Drugs (bDMARDs) to national treatment guidelines.¹

Prior to 2002, when the new guidance was introduced, the incidence of TKR had been increasing among RA patients. In a general population of individuals matched in terms of their age, sex and where they lived, the incidence of TKR has continued to increase throughout the entire study period (1996-2016).¹ In contrast, the incidence of TKR carried out on patients with RA started to decrease after the introduction of bDMARDs to national treatment guidelines.

The incidence of total hip replacements (THR) has also maintained a steady increase in this matched population whereas among RA patients, apart from a rather surprising increase in 2003, the incidence of THR has followed an ongoing downward trend both after and before the guidance was introduced.¹

Previous data have been conflicting regarding a possible impact of more aggressive treatment, including treatment with bDMARDs, on the need for knee and hip replacements in patients with RA.^{2,3,4,5}

“Our findings show a clear downward trend in these two operations in RA patients in Denmark since the addition of bDMARDs to treatment protocols”, said lead author Dr. Lene Dreyer, from the Centre for Rheumatology and Spine Diseases, Gentofte, Copenhagen, Denmark. “Also, the overall pattern of our findings is in line with those recently reported from England and Wales.”⁶



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“In addition, a more widespread use of conventional DMARDs and the treat to target strategy may have contributed to this positive development,” Dr. Dreyer concluded.

With a TKR baseline incidence rate of 5.87 per 1,000 person years in RA patients, based on biannual data, before 2002 the incidence of TKR had been increasing at a rate of plus 0.19 per year. After 2003, the downward trend has been equivalent to a minus 0.20 reduction in incidence per year.

With a THR baseline incidence rate of 8.72 per 1,000 person years in RA patients, based on biannual data, the downward trend was equivalent to a minus 0.38 reduction in incidence per year both before 2002 and after 2003. In 2003, there was a temporary increase of plus 2.23 in THR incidence per year.

National guidelines recommending bDMARD treatment for RA were introduced in Denmark in 2002. In this analysis, trends in the pre-bDMARD guideline era (1996-2002) were compared with those in the bDMARD period (2003-2016). 5-year age and sex-standardised incidence rates of THR and TKR were calculated for 30,868 RA patients diagnosed bi-annually between 1996-2011, and compared with 301,527 matched (RA-free) controls.

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-ENDS-

NOTES TO EDITORS:

For further information on this study, or to request an interview with the study lead, please do not hesitate to contact the EULAR congress Press Office in the Goya Room at the IFEMA, Madrid during EULAR 2017 or on:

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About Rheumatic and Musculoskeletal Diseases

Rheumatic and musculoskeletal diseases (RMDs) are a diverse group of diseases that commonly affect the joints, but can also affect the muscles, other tissues and internal organs. There are more than 200 different RMDs, affecting both children and adults. They are usually caused by problems of the immune system, inflammation, infections or gradual deterioration of joints, muscle and bones. Many of these diseases are long term and worsen over time. They are typically painful and limit function. In severe



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cases, RMDs can result in significant disability, having a major impact on both quality of life and life expectancy.

About 'Don't Delay, Connect Today!'

'Don't Delay, Connect Today!' is a EULAR initiative that unites the voices of its three pillars, patient (PARE) organisations, scientific member societies and health professional associations - as well as its international network - with the goal of highlighting the importance of early diagnosis and access to treatment. In Europe alone, over 120 million people are currently living with a rheumatic disease (RMD), with many cases undetected. The 'Don't Delay, Connect Today' campaign aims to highlight that early diagnosis of RMDs and access to treatment can prevent further damage, and also reduce the burden on individual life and society as a whole.

About EULAR

The European League Against Rheumatism (EULAR) is an umbrella organisation which represents scientific societies, health professional associations and organisations for people with rheumatic and musculoskeletal diseases throughout Europe. EULAR aims to reduce the burden of rheumatic and musculoskeletal diseases on individuals and society and to improve the treatment, prevention and rehabilitation of rheumatic and musculoskeletal diseases. 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 musculoskeletal diseases by the governing bodies in Europe through advocacy action.

To find out more about the activities of EULAR, visit: www.eular.org

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