

1950 - Changes in Priorities for Health Status Improvement in Patients with Rheumatoid Arthritis After TNF-Blocking Treatment

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Presentation Number: 1950

PURPOSE: To investigate the priorities for health status improvement of patients with active rheumatoid arthritis (RA) starting with TNF-blocking treatment and to examine changes in these priorities following treatment.

METHODS: RA patients with high disease activity starting TNF-blocking treatment were consecutively selected from 10 rheumatology centres in the Netherlands. Measurements included AIMS2 and RADAI questionnaires at start of treatment and after 3 and 12 months. AIMS2 contains a section where patients are asked to indicate 3 of 12 areas of health where they would most like to see improvement.

RESULTS: A total of 302 patients were included in the study. All three AIMS2 questionnaires were completed by 187 patients (62%). At baseline there were no significant differences in age, sex, disease duration, RADAI-scores, ESR, CRP, and Steinbrocker functional class between patients who did and who did not complete all three AIMS2 questionnaires. The health status dimension where most RA patients would like to see improvement at baseline was pain (89%). After 3 and after 12 months of TNF-blocking treatment there were significant changes in 3 out of the 12 possible areas of health status improvement compared to baseline. Pain was chosen as an area for improvement by significantly less patients at 3 months (71%) and at 12 months (70%) compared to the start of treatment (89%). Hand and finger function was also chosen less often as an area for improvement after 3 months (48%) and after 12 months (43%) than at the start of treatment (58%). Household tasks was more often chosen as an area for improvement at 3 months (25 %) and 12 months (25%) than at baseline (16%).

CONCLUSIONS: This study shows that priorities for health status improvement are not stable over time in individual patients depending on disease activity and effects of treatment. Our data indicate that in RA patients with active disease improving symptoms of pain is the most important priority. During anti-TNF therapy pain becomes less of a priority for improvement.

P.M. ten Klooster, None.

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