Tailoring the management of RA

Rheumatoid arthritis (RA) is progressive and disabling

RA is an autoimmune disease with FREDUENCE WORLDWIDE OF APPROXIMATELY 35–70 MILLION.

Goal of treatment is to slow disease progression and improve physical function.

Multiple options to treat RA, including:

- Conventional synthetic DMARD (Disease-modifying anti-rheumatic drugs) - Usually used first to treat RA and control inflammation
- Biologics - Work in different ways across internal pathways (e.g. anti-TNFs/anti-interleukins/T-cell co-stimulation modulators)

DMARD non-adherence is a big challenge

- Conventional synthetic DMARD side effects include:
  - Hair loss
  - Skin rashes
  - Nausea
  - Vomiting
  - Diarrhoea
  - Mouth ulcers

- 79% of people with RA on conventional synthetic DMARD or combination therapy do not adhere to their DMARD treatment.

Treatments can be tailored to suit individual needs

Open conversations to maximise treatment outcomes

- 79% of people with RA report an improvement in their treatment as a result of discussing treatment options and receiving a dialogue in treatment.

More than 1 in 3 people with RA on a biologic are currently receiving their medication as monotherapy, often due to intolerance to methotrexate.

Open conversations to maximise treatment outcomes

References