DISEASE ACTIVITY SCORING: COMPARING PATIENT AND PHYSICIAN GLOBAL ASSESSMENT OF DISEASE ACTIVITY IN RHEUMATOID ARTHRITIS PATIENTS STARTING A FIRST BIOLOGIC AGENT

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ABSTRACT

Background/Purpose: Visual analogue scales (VAS) are routinely used in daily clinical practice and are part of the different composite outcome measures such as the DAS, CDAI, and SDAI. VAS are weak in moderate positive correlations between physician and patient global assessment of disease activity. It is thought that they are driven by different considerations such as the swollen joint count and acute phase reactants. We hypothesized that while absolute values of patient and physician global disease activity differ, pre-post changes in both assessments correlate. For this end, we looked at global evaluation changes before and after introduction of a first biologic agent in RA patients.

Methods: We included patients treated for at least 6 months with a first anti-TNF agent (adalimumab, etanercept or infliximab) starting in January 2005. The patient and physician global assessments of disease activity of RA patients were extracted from the RUMHADATA® clinical database and registry. Pearson correlations coefficients between pre, post and pre-post changes in patient and physician assessments were computed (SAS v 9.13) and compared.

RESULTS

Conclusion: We hypothesized that while absolute values of patient and physician global disease activity do not always correlate, changes in these measures may offer a better correlation. To this end, we looked at global evaluation changes before and after introduction of a first biologic agent in patient with RA.

OBJECTIVES

Methods: We included patients treated for at least 6 months with a first anti-TNF agent (adalimumab, etanercept or infliximab) starting in January 2005. The patient and physician global assessments of disease activity of RA patients were extracted from the RUMHADATA® clinical database and registry. Pearson correlations coefficients between pre, post and pre-post changes in patient and physician assessments were computed (SAS v 9.13) and compared.

CONCLUSIONS

While the pretreatment global disease activity assessments showed moderate correlation, the change in these assessments exhibited a weak relationship. Both physicians and patients agree on disease activity improvement although their magnitudes differ. Of the factors explored, only rater (physician or patient) explained the observed differences.

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