

# Comparing Eight Year Clinical And Radiographic Outcome In Two Cohorts Of Patients With Rheumatoid Arthritis

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## Conclusion

Women diagnosed in the 2000s had higher disease activity, more pain and worse radiographic joint damage at inclusion than those diagnosed in the 1990s.

They achieved lower disease activity and less radiographic progression over 8 years compared with the women included in the 1990s. This difference may reflect the more active medical treatment in the 2000s. Despite that, HAQ and pain did not differ between women in the two groups during follow-up.

Men diagnosed in the 2000s had higher disease activity and more tender joints at inclusion than those diagnosed in the 1990s. As for women disease activity decreased more in those diagnosed in the 2000s, though there was no difference in radiographic progression between the groups, neither in HAQ nor in pain reduction at the 8-year follow-up. HAQ and pain seem thus not solely depend on inflammatory activity or radiological damage in either gender.



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## Purpose

To compare patient and disease characteristics over the first 8 years of disease in a large inception cohort of early RA patients included 1992 to 1999 and 2000 to 2006, respectively.

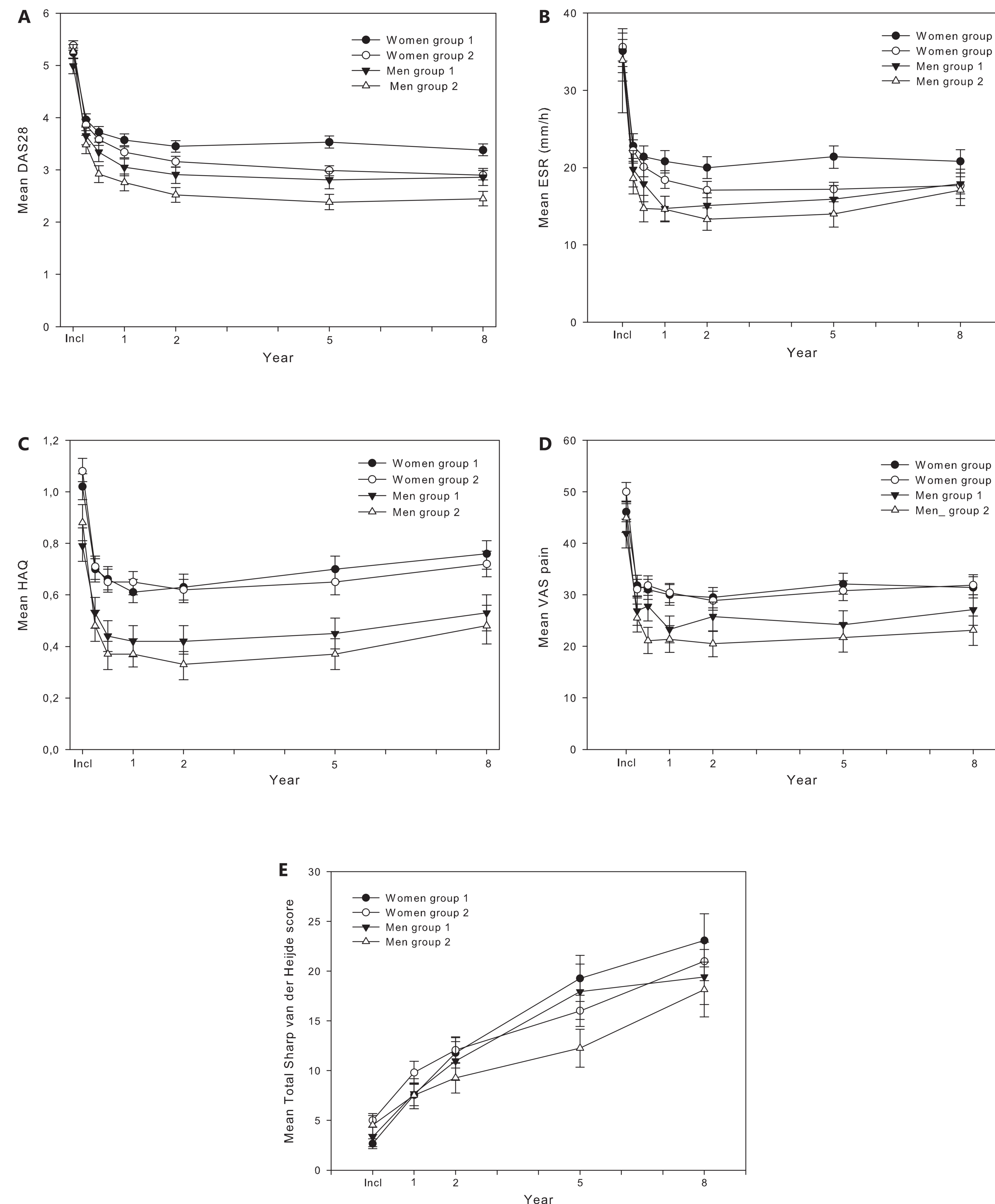
## Methods

In all 1911 RA patients from the early BARFOT prospective multi-centre observational study, who had completed the 8 year follow-up, were included. All patients fulfilled the ACR 1987 classification criteria.

The patients were divided into two groups, group 1 (N=928, 68% women) included 1992 to 1999 and group 2 (N=1010, 70% women) included 2000 to 2006. DAS28, VAS pain, HAQ and radiographs of the hands and feet scored by the van der Heijde modified Sharp method (SHS) were assessed during the 8 years. Statistical comparisons between groups were done by t-test and Chi2.

Treatment started in group 1 with methotrexate (MTX) in 26%, with sulphasalazine (SAL) in 30%, and with other DMARDs in 10%, the corresponding figures for group 2 were 61%, 19% and 3%.

After 8 years patients in group 1 got MTX in 32%, combination therapy in 8% and biologics in 13%, in group 2 the corresponding figures were 40%, 7% and 26%.



The figures presents disease activity, inflammatory measure, physical function, pain and radiographic evaluation during 8 years follow-up in the separate groups. Group 1 is included between 1992 and 1999, group 2 is included between 2000 and 2006.

**Figure A** presents 28 joints-disease activity score (DAS28); **B** erythrocyte sedimentation rate (ESR); **C** health assessment questionnaire (HAQ); **D** VAS pain and **E** Total Sharp van der Heijde score. Values are mean (SD)

## Results

At inclusion, the women in group 2 were, compared with those in group 1, older, mean (SD) 55 (15) vs 52 (14) years,  $p < 0.001$ , were more frequently RF positive, 64% vs. 58%,  $p = 0.031$ , had higher DAS28 mean (SD) 5.38 (1.23) vs. 5.24 (1.17),  $p = 0.032$  and had worse radiographic score, mean total SHS (SD) 5.01 (9.36) vs 2.66 (6.41),  $p < 0.001$ . Men in group 2 had higher DAS28 mean (SD) 5.26 (1.20) vs. 4.99 (1.29),  $p = 0.009$ , but did not differ in the other aspects.

Over time DAS28 decreased in both groups, and as from 6 months in men and 12 months in women the mean DAS28 was significantly lower in group 2 compared with group 1 and remained so during the 8 year follow-up. HAQ decreased similarly in the two groups with no differences at any time point for neither women nor men.

Also VAS pain decreased similarly in the two groups although men in group 1 had higher mean VAS pain at 6 months and at 2 years follow-up, but at 8 years there was no differences between the groups.

In both groups women and men progressed radiographically over 8 years,  $p < 0.001$ . Women in group 1 had more progression than women in group 2, mean (SD) change total SHS 20 (27) vs. 16 (20),  $p = 0.009$ , respectively. In men there were no difference in mean change total SHS over 8 years, 16 (19) vs 14 (18),  $p = 0.186$ .



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