

Optimization of flare management in patients with rheumatoid arthritis: results of a randomized controlled trial

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Study Objective

- Flares are inherent to the rheumatoid arthritis (RA) disease course and are associated with poor clinical outcomes, including low quality of life, joint damage, comorbidity burden, and disability.
- Despite the recent advances in RA disease management and overall success in management of RA disease activity, up to 30% of patients with RA experience flares on a regular basis, suggesting the need for systematic patient-tailored changes to optimize RA flare management.
- The objective of this study was to evaluate the effect of a flare management intervention guided by non-physician providers versus usual care between rheumatology visits on flare occurrence and RA disease activity.

Study Design and Methods

- Adult patients with established RA (per 2010 ACR criteria) were randomized to the intervention arm (n = 75) vs. usual care (n = 75).
- The Flare Assessment in Rheumatoid Arthritis (FLARE-RA) questionnaire was administered monthly during 24 months to all patients in the intervention arm to assess flare status.
- Telephone nurse-led counseling or an expedited visit with a rheumatology provider was offered to patients in the intervention arm who indicated they were in flare.
- The primary outcome measure was the flare rate by the OMERACT9 definition. Secondary outcomes included the DAS28-CRP, CDAI, SDAI, remission, flare by rheumatology provider opinion, anti-rheumatic treatment change by provider, and patient satisfaction.

Results Summary

- Patients in the intervention arm completed a median of 8.5 (range 1–24) questionnaires. RA flare was reported on 122 (19%) of these questionnaires; average FLARE-RA score, 4.72 on 0 (no flare) to 10 (maximum flare) scale.
- Patients preferred an expedited clinic visit with a rheumatology provider during 39 (32%) of flares. The majority of patients preferred to self-manage their flare (76, 62%); some patients received nursing advice on flare management over the phone (7, 6%).
- There were no differences in RA flare by OMERACT9 definition, DAS28-CRP, CDAI, SDAI, anti-rheumatic treatment change by rheumatology provider, or remission by CDAI between the study arms over 24-month follow-up.

Discussion

- Patients in the intervention arm were more likely to report positive effects of participation in the study on the management of RA flares than patients in the usual care arm.
- More studies are needed to further understand patient preferences for optimal RA flare management and to design interventions to meaningfully address these preferences.

Conclusion

- The flare management intervention did not have any major effect on flare occurrence or RA disease activity metrics over the 24-month follow-up.
- The majority of patients in the intervention arm preferred self-management to an expedited visit with their rheumatology provider.