



Original Article

Adjustment in the Clinical Practice of *Treat-To-Target* Guidelines for Rheumatoid Arthritis: Results of the ToARCan Study[☆]



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ABSTRACT

Objective: To analyze compliance with T2T clinical practice guidelines.

Methods: Cross-sectional observational study in consecutive patients with rheumatoid arthritis (RA) in 5 hospitals in the Canary Islands. Patients filled out activity scales, HAQ and answered the question of whether the doctor had explained the treatment target. The rheumatologist also collected: visits in the past year, use of activity indices and HAQ, DAS28 of current visit and date of the next visit. The percentage of compliance to indicators based on the T2T recommendations (R) 1, 3, 5–7 and 10 was analyzed.

Results: A total of 343 patients were recruited, 77% female, mean age 57, RA duration of 10 years. Median visits in the last year were 3 and mean time between last and current visit was 5.6 months. A total of 93% of the patients were treated with DMARDs and 44% were in remission by DAS (R1). In the previous visit, documented joint count was present in 85%, a HAQ in 19%, patient VAS in 41%, and a DAS28 in 35% of the patients (R6). The next visit was scheduled at an average of 4.3 months (R5). In 64% of patients with DAS28 > 3.2 a visit between one and 3 months was scheduled (R5). A total of 96% of patients said they had been informed of the treatment target (R10). Variability between centers existed but was moderate. The only factor determining the performance of a DAS28 in the last visit was the patient's center of origin.

Conclusions: The Canary Island centers studied achieved high levels of remission and low activity in their patients. The performance of composite indices and follow-up frequency recommended by the T2T are met, although there is room for improvement.

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Ajuste en la práctica clínica de las directrices *treat-to-target* para la artritis reumatoide: resultados del estudio ToARCan

RESUMEN

Objetivo: Analizar el cumplimiento de las directrices t2t en la práctica clínica.

Métodos: Estudio observacional transversal en pacientes consecutivos con artritis reumatoide (AR) de 5 hospitales canarios. Los pacientes cumplimentaron escalas de actividad, el HAQ y respondieron si el médico les había explicado el objetivo del tratamiento. El médico recogió además: visitas en el último año, empleo de índices y HAQ, DAS28 de la visita actual y fecha de la siguiente consulta. Se analizó el porcentaje de cumplimiento de las recomendaciones t2t (R) 1, 3, 5–7 y 10.

Palabras clave:

Artritis reumatoide

Treat-to-target

Calidad asistencial

Cumplimiento

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Indicadores de calidad

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Resultados: Se reclutó a 343 pacientes, 77% mujeres, con edad promedio de 57 años y duración de la AR de 10 años. La mediana de visitas en el último año fue de 3 y el promedio de meses entre la visita anterior y la actual de 5,6. El 93% estaba en tratamiento con FAME y el 44% en remisión por DAS (R1). Se había realizado recuento articular en la visita previa al 85%, HAQ al 19%, EVA actividad del paciente al 41% y DAS28 al 35% (R6). La siguiente visita se programó en un promedio entre uno y 3 meses (R5) al 64% de los pacientes con DAS28 > 3,2. El 96% de los pacientes dijo haber sido informado del objetivo del tratamiento (R10). La variabilidad entre centros era moderada, pero existía. El único factor que determinaba la realización de un DAS28 en la última consulta era el centro de procedencia del paciente.

Conclusiones: Los centros canarios estudiados logran altas cotas de remisión y baja actividad en sus pacientes; la realización de índices compuestos y la frecuencia de seguimiento recomendado por el t2t se cumplen, aunque hay oportunidad de mejora.

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Introduction

Rheumatoid arthritis (RA) is a chronic systemic disease that causes pain and progressive deterioration of the functional capacity of the patients if not properly treated. In recent years, in addition to new therapies for the treatment of this disease, it has been shown that early diagnosis, together with close follow-up of the patients, achieves higher rates of remission or low disease activity.^{1–3}

The treat-to-target, or T2T, strategy, which could be defined as aiming for treatment goals, is an ambitious initiative promoted, after reaching a consensus, by the rheumatology community on an international level.⁴ It is based on treating RA patients to reach a specific therapeutic goal, which ideally is considered to be clinical remission or, failing that, maintenance of the disease at the lowest possible activity level. Moreover, it recommends seeing patients frequently to reach the goal, using activity scores and quantifying the functional capacity and structural damage. Since the publication of the T2T recommendations in 2010,⁴ there has been little information on how they are being implemented in rheumatology departments,^{5,6} and some professionals maintain that their implantation is not simple.^{7,8} However, knowing that it is a strategy with confirmed results,^{2,3,9,10} our goal as a community would be to apply it fully. Knowing how RA patients are being followed in real-world practice should serve as an audit to aid in detecting the shortcomings and as a basis for the discussion of how to apply T2T efficiently in rheumatology. The ultimate goal would be to be able to offer close monitoring of the disease to all the patients in order to improve their quality of life and prevent disability over the long term.

The aim of our study was to analyze the application of T2T in a multicenter study in the Canary Islands, and describe compliance according to the characteristics of the patients, for example, whether their disease was of recent onset or whether they had been treated with biological agents.

Methods

The ToARCan study was a cross-sectional observational study carried out in 5 hospitals in the Canary Islands between March 2013 and March 2014.

Patients

Consecutive patients being treated in the rheumatology outpatient clinic of the participating centers. The patients had to meet the criteria for RA (American College of Rheumatology, 1987 or 2010) and be over 18 years of age; they could be of either sex. Those from whom it was not possible to obtain a reliable questionnaire due to a language barrier and patients who had been in rheumatology follow-up for less than 6 months were excluded.

The study was approved by the clinical research ethics committee of Hospital Universitaria de Gran Canaria Dr. Negrín, Gran Canaria, Spain, and the patients provided their signed consent.

Measurements and Data Collection

All the data were collected during a single visit. The patients were asked to provide their personal medical data and to fill out a patient questionnaire. They completed the pain scale and disease activity data, as well as the Health Assessment Questionnaire (HAQ), and responded to a question as to whether their physicians had explained the goals that they were going to try to achieve with the RA treatment. The physicians collected the following data from the patients' medical records: patient age, sex, time since onset of the disease, rheumatoid factor, anti-cyclic citrullinated peptide (CCP) antibodies, extra-articular manifestations, tobacco use, previous treatments, visits over the last year in which activity scores were collected (physician and patient scores, tender joint count [TJC], swollen joint count [SJC], erythrocyte sedimentation rate [ESR], C-reactive protein [CRP], disease activity score [DAS], simplified disease activity index [SDAI], and HAQ), and radiographies of hands and feet that had been carried out over the preceding 5 years. In that visit, the following data were collected for the study: measures necessary for calculating the DAS28, active treatments (including glucocorticoids, disease-modifying antirheumatic drugs [DMARD] and biological agents) and approximate date of the next visit.

The study outcome measures were compliance with the T2T recommendations, some of which were adapted for the study as indicators, as specified in [Table 1](#). The indicators were gathered from data collection forms by the research team, the members of which were blinded to the hospital from which the forms had come.

Statistical Analysis

A descriptive analysis was performed using the group of patients as a whole, then by sex and by hospital, as well as by the duration of RA (<3 years) and whether or not they were being treated with biological agents. The percent compliance with the recommendations in [Table 1](#) was calculated with the 95% confidence interval. To compare the results between groups, the chi-square method was used for categorical variables and analysis of variance for continuous variables. We studied the factors associated with the calculation of the DAS28 in the last visit, as the clearest exponent of compliance with the T2T strategy, using logistic regression where the dependent variable was the utilization of the DAS28 (yes/no) and the variables studied: hospital, patient age and sex, number of DMARD, number of biological agents, RF and anti-CCP antibodies, and duration of the disease. We used the Stata v.11 statistical software package and statistical significance was set at $P < .05$. The

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