DMARD Combo Works Best in Anti-CCP-Negative Patients

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BARCELONA — The treatment of early rheumatoid arthritis with a combination of disease-modifying antirheumatic drugs slows radiographic progression faster in patients without antibodies against cyclic citrullinated peptide than in those patients with the antibodies, Dr. Matti Korpela said at the annual European Congress of Rheumatology.

In a subset of patients from the randomized Finnish RA Combination Therapy (FIN-RACo) trial whose anti-cyclic citrullinated peptide (CCP) status was known, 69 patients were treated initially with a drug combination that included methotrexate, sulfasalazine, hydroxychloroquine, and prednisolone; another 60 patients were treated with sulfasalazine, with or without prednisolone.

The DMARD and prednisolone treatments were allowed to change after 2 years, according to Dr. Korpela, a rheumatologist at Tampere (Finland) University Hospital. Dr. Korpela and his colleagues found that a combination of DMARDs could significantly slow radiographic signs of RA progression (as defined by the Larsen score in hands and feet) in the absence of anti-CCP antibodies, but treatment with a single DMARD could not.

Radiographic RA progression occurred at similar rates in anti-CCP-positive and -negative patients when only one DMARD was used.

“That means that patients without CCP antibodies should be treated aggressively,” Dr. Korpela said in an interview during a poster presentation at the congress. Of the 129 patients, 92 (71%) tested positive for anti-CCP antibodies. Compared with anti-CCP-negative patients, those who tested positive for the antibodies also were more likely to test positive for rheumatoid factor.