Drug Combo May Keep RA Patients on Job

Patients with early-stage rheumatoid arthritis who are treated with methotrexate plus infliximab are more likely to remain employed or able to work than are patients treated with methotrexate alone, according to findings from another new analysis of the ASPIRE trial data.

Physical function deteriorates so rapidly in rheumatoid arthritis (RA) that 20% of employed patients have to quit their jobs within 2 years of disease onset, and approximately half of RA patients face work disability within 10 years, reported Dr. Josef S. Smolen of the Medical University of Vienna, and his colleagues in Europe and the United States (Arthritis Rheum. 2006;54:716-22).

Patients in the ASPIRE (Active-Controlled Study of Patients Receiving Infliximab for the Treatment of Rheumatoid Arthritis of Early Onset) trial—which compared methotrexate alone with methotrexate plus infliximab—were asked at each visit whether they were currently employed and if not, whether they felt well enough to work if a job were available.

The new analysis, which covered approximately 850 patients aged 65 years or younger, found that rapid disease control in early-stage RA reduced patients’ work disability and improved their employability, reported Dr. Smolen and colleagues.

While the actual employment rate did not differ significantly between the two treatment groups, the patients treated with both drugs were more likely to maintain their employability or to feel able to work if a job were available.

Cardiovascular risk, calculated using the Joint British Societies Cardiac Risk Assessor (www.bnf.org/BNF/extra/current/490024.htm) was 19% or greater (indicating high risk) in only 6 (6.6%) patients but ultrasound showed at least one carotid plaque in 45 (48%). One patient had complete stenosis of the right internal carotid artery, Ms. Bunn noted.

The finding that a large proportion of the cohort had subclinical atherosclerosis early in the course of their disease highlights the importance of considering cardiovascular risk right from the start in patients with inflammatory polyarthritis, she concluded.