

Greatest adverse events associated with RA is uncontrolled RA

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Objective -1

- * Rationale for paradigm shift in RA
- * Move from “first do no harm” to “I must control your RA
- * Need to address early and effectively

Early RA: Defining the Window of Opportunity

- * The-earlier-the-better principle
- * synovitis is *qualitatively* different within the window
- * Best time to strike is before 15 to 20 weeks after onset
- * Lower disease activity  less progression and reductions in joint damage

Early Erosions → Future Damage

- * Inflammation → future joint destruction
- * May not be obvious
- * 83% - non swollen joints, + for erosions had subclinical inflammation MRI
- * MRI inflammation + baseline erosions 11% increased risk of erosions
- * Erosions on presentation had 3.45 times ↑ radiological damage

Early RA Control Prevents CV Events

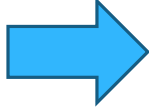
- * RA independent risk factor for multi-vessel CAD
- * Inflammation and disease activity in first year boost ACS risk
- * The incidence of acute coronary syndrome (ACS) early in new-onset RA
- * @ markers of inflammation, high disease activity, poorer perceived health and lower physical function

<https://www.medpagetoday.com/rheumatology/arthritis/1282>

<https://www.medpagetoday.com/Rheumatology/Arthritis/52567>

Objective 2

RA course and Treatment Impact

- * Course of disease activity is milder in recent years, perhaps because of more aggressive treatment strategies
- * Systemic Burden: CVS death and Lymphoma remains high in untreated RA
- * Severe and longstanding RA  70 times the risk for developing lymphoma

<https://www.medpagetoday.com/rheumatology/arthritis/2749>

<https://www.medpagetoday.com/rheumatology/arthritis/1679>

Early Remission Key in RA

IMPROVED study

- * Methotrexate, 25 mg/week, and prednisone started at 60 mg/day
- * At 2 years, half of patients were in remission
- * 49% with early RA or UA were in DAS remission
- * 21% were off drugs
- * Taper and stop medication avoiding prolonged use



Combo Therapy Wins

- * Upfront Combination Therapy Improves Early RA Symptoms
- * Hitting RA early with a double whammy of DMARDs
- * 76% of methotrexate plus steroid injections had low disease activity as shown at 1 year
- * Equivalent to rates achieved with the addition of adalimumab (Humira) in early rheumatoid arthritis (RA)
- * Early treatment less drugs

<https://www.medpagetoday.com/PrimaryCare/PreventiveCare/2025>

<https://www.medpagetoday.com/Rheumatology/Arthritis/44591>

Objective 3

- * Identifying patients for poor RA control
- * Dialogue Techniques

Treat Early to Live Longer

- * **Early Treatment Yields Better Long-Term Outcomes**
- * **U.K. study suggests 22 % reduction in mortality with early RA Treatment**

Medication Concerns

- * Biologic therapies do not increase cancer risks despite concerns
- * Growing confidence of Rheumatologist's in safety
- * Screening and immunizations protocols to be adopted more for monitoring

<https://www.medpagetoday.com/meetingcoverage/acr/11522>

<http://www.mdedge.com/rheumatologynews/article/141180/rheumatoid-arthritis/biologics-tnf-inhibitors-confer-no-excess>

Weight Loss CVS, Cancer Mortality

- * Systemic inflammation may underlie mortality risk in men
- * Rapid and cumulative weight loss are the strongest predictors of cardiovascular and cancer mortality in men with rheumatoid arthritis (RA)
- * Untreated RA is dangerous than treated RA

Lifestyle and RA

- * Obesity in Women Linked With Early RA
- * Overweight or obese, particularly those becoming so by late adolescence
- * 35% higher risk among those with body mass index (BMI) values of 25 or higher at age 18
- * Risk among those women for developing seropositive RA -- generally considered more severe -- increased by almost 50%

<https://www.medpagetoday.com/Rheumatology/Arthritis/47034>

Obesity in Women Linked With Early RA

- * Women who are overweight or obese
- * Late adolescence have an elevated risk for developing RA
- * Adipocytes produce inflammatory markers
- * Tumor necrosis factor, interleukin-6, and C-reactive protein

Eat More Fish

- * Eating Fish May Ease Rheumatoid Arthritis
- * Eating fish 2x /week may help reduce joint pain and inflammation in rheumatoid arthritis (RA)
- * tuna, salmon, sardines, trout, sole, halibut, poke, and grouper

Quit Smoking

- * Strongly increase rheumatoid arthritis risk among individuals with genetic susceptibility to the disease
- * Smoking in RA Genotype + Caucasians roughly doubled their chances of developing the disease if they smoked (relative risk 8.7 versus 4.8 for nonsmokers)

Work Exposures Linked with RA

- * Occupations with exposure to noxious airborne agents at risk. Similar to Smoking
- * Especially in Men; Seropositive RA
- * Production-related occupational groups
- * Electrical and electronics workers
- * Bricklayers and concrete workers and material handling operators

Early RA Patients Lose Grip

- * Over 5 Years
- * Assessment and rehab could help prevent grip force loss
- * Monitoring and exercises regimen by professional therapist

<https://www.medpagetoday.com/Rheumatology/Arthritis/66815>

Improved communications

- * Connectivity through digital media
- * Apps to track RA
- * <https://arthritispower.creakyjoints.org/>