

**The impact of RA on sick leave and
quality of life**
– *other aspects of efficacy during
biological treatment*



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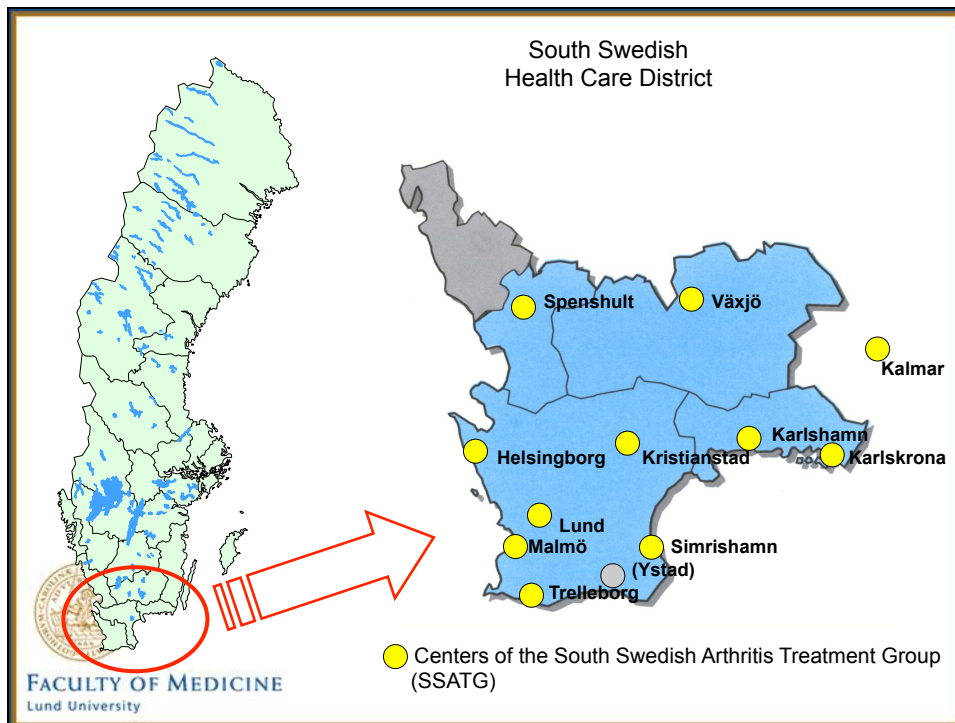
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Disclosure

LEK has received fees for speaking and consultancy from
Pfizer, Wyeth, Schering-Plough, Abbott, NorPharma,
AnaMar and BMS



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BACKGROUND

- A substantial proportion of chronic arthritis patients have work disability (9 -36%)¹⁻⁴
- Work disability is very costly for society¹⁻⁴
- Treatment with TNF inhibitors reduces this proportion^{1,2}
- The effect at a population level is unclear

1. Listing et al. *Ann Rheum Dis* 2004;63:1670–2.
2. Boonen et al. *J Rheumatol* 2006;78:4–11.
3. Allaire S, Wolfe F, Niu J, et al. *Contemporary prevalence and incidence of work disability associated with rheumatoid arthritis in the US. Arthritis Rheum* 2008; 59 : 474 – 80 .
4. Verstappen SM, Bijlsma JW, Verkleij H, et al. *Overview of work disability in rheumatoid arthritis patients as observed in cross-sectional and longitudinal surveys. Arthritis Rheum* 2004; 51 : 488 – 97 .



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Material and methods

- Prospective observational study using the SSATG-database
- Chronic arthritis patients receiving biologicals, 12 centers serving 1.3-1.6 mio people
- Indication as per established guidelines



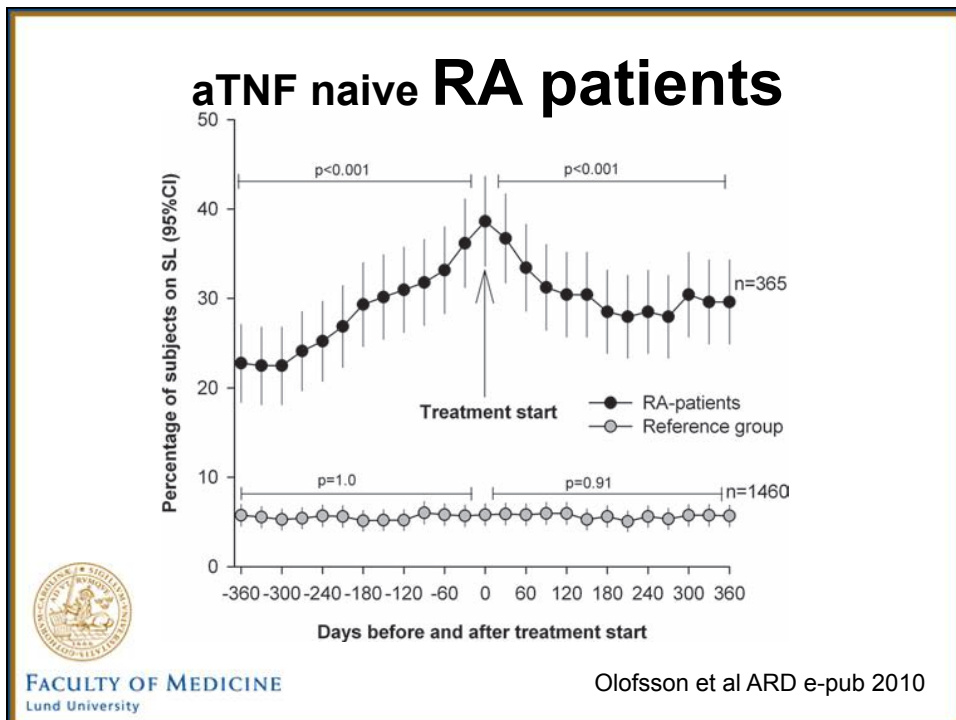
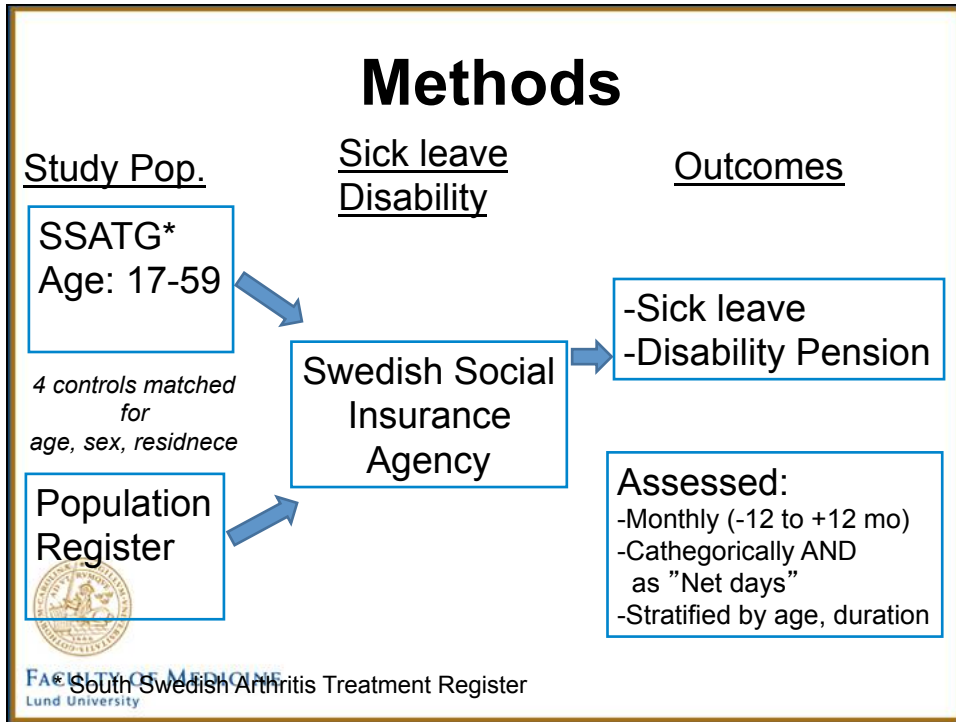
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AIMS

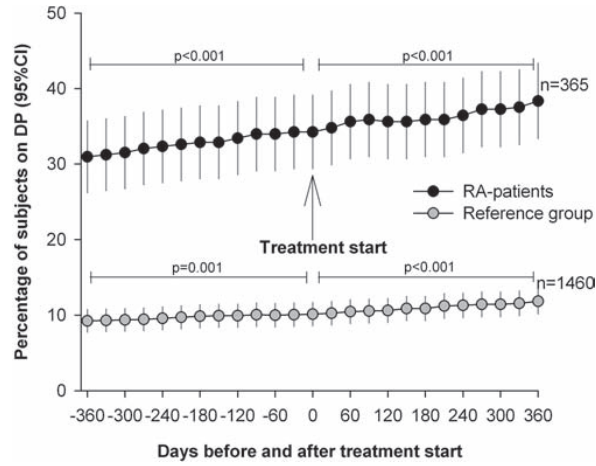
- **To assess the effects of anti-TNF treatment on:**
 - Sick leave
 - Disability Pension



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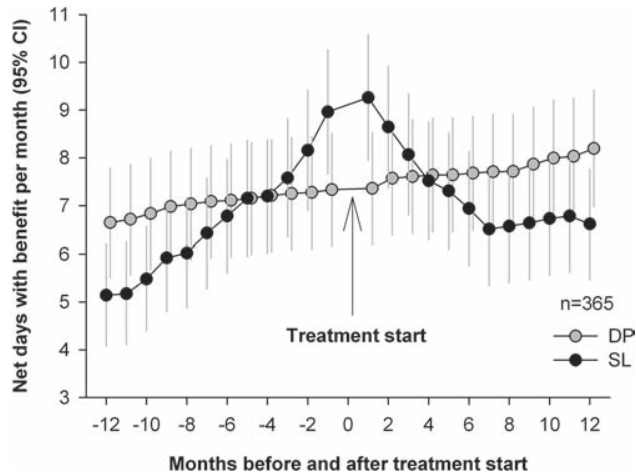
aTNF naive RA patients



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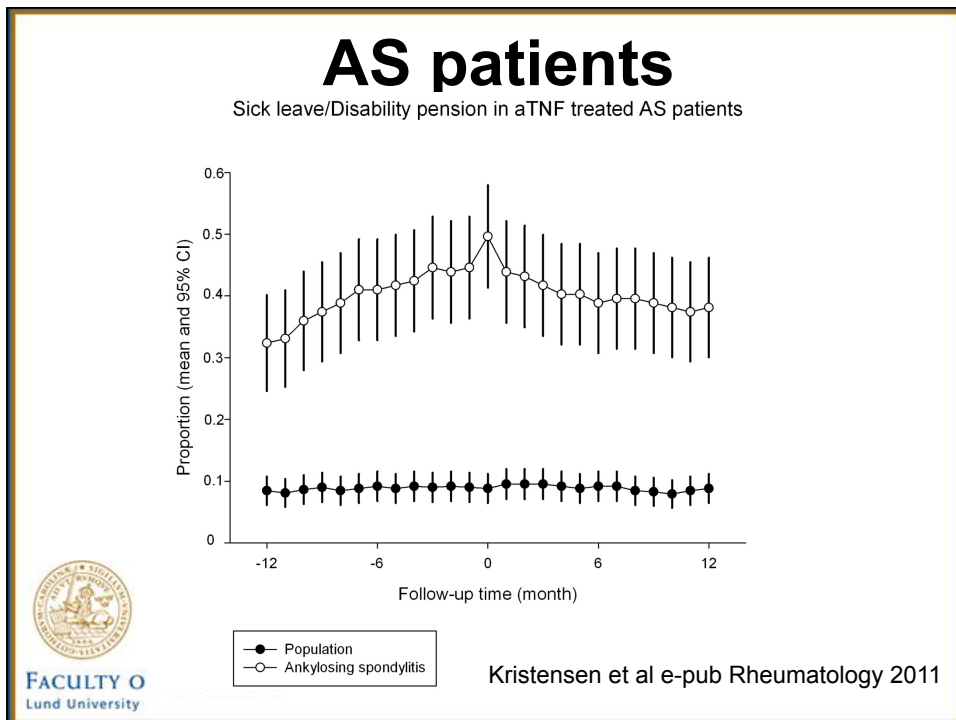
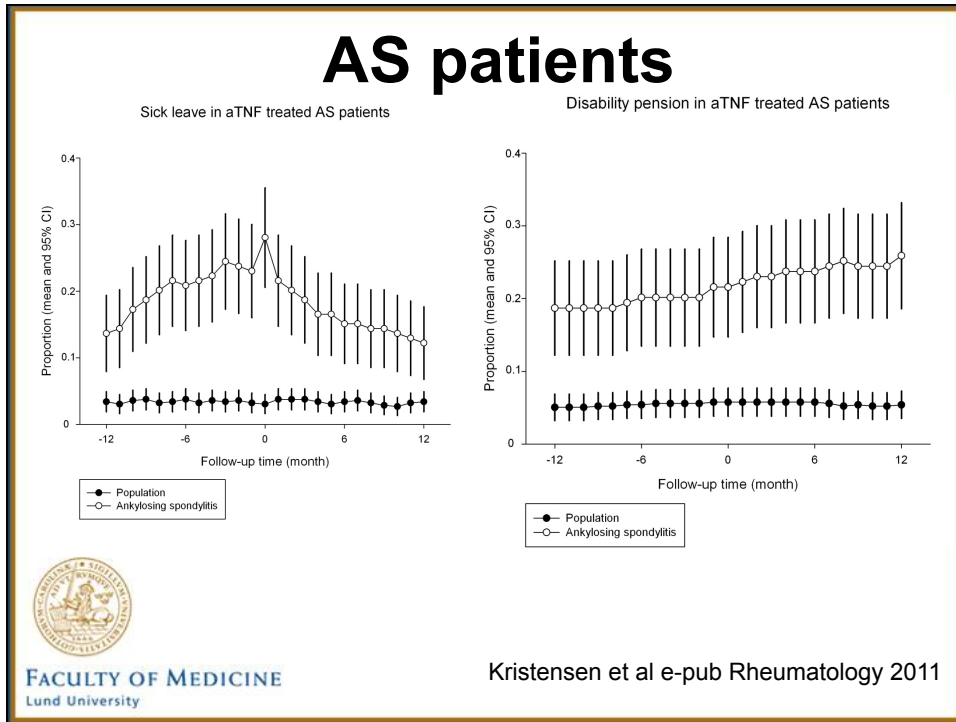
Olofsson et al ARD e-pub 2010

aTNF naive RA patients



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Olofsson et al ARD e-pub 2010



Observational data – utility score

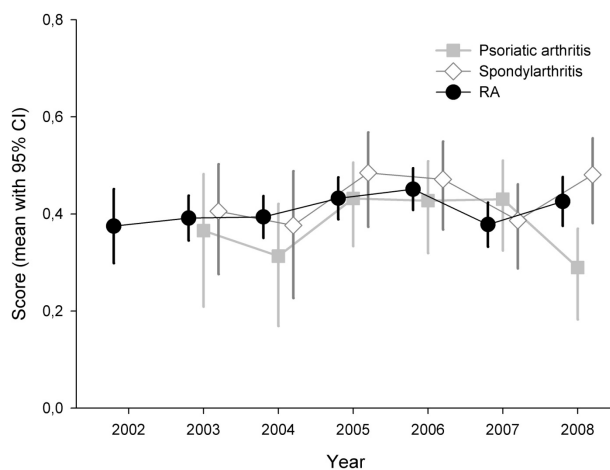
Quality of life ??



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EQ-5D at first anti-TNF treatment initiation 2002-2008 for RA, Spondylarthritis and Psoriatic arthritis patients

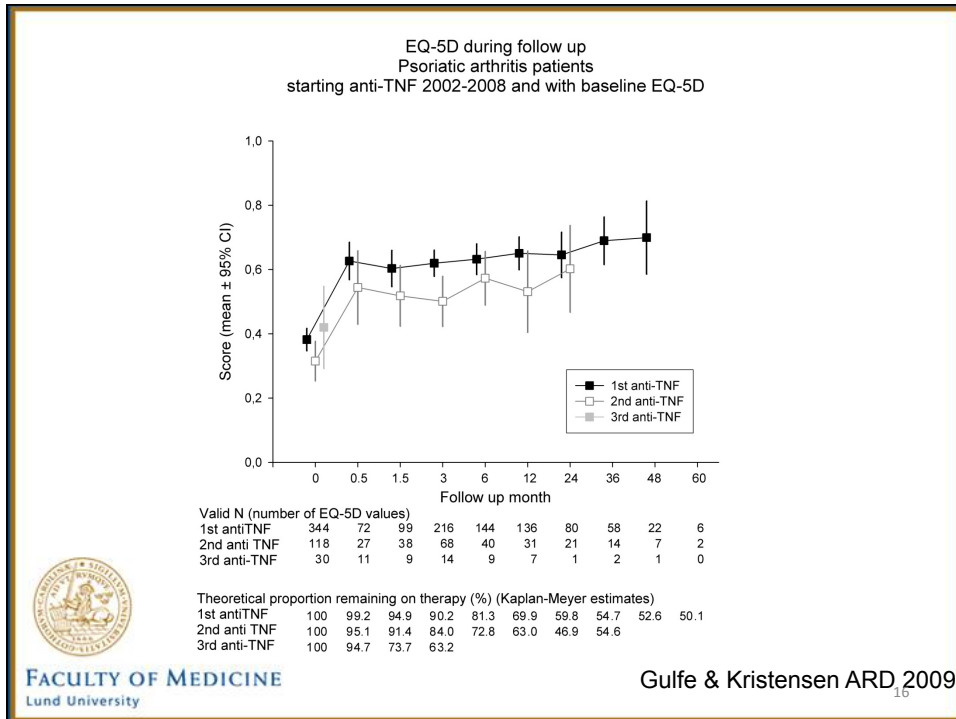
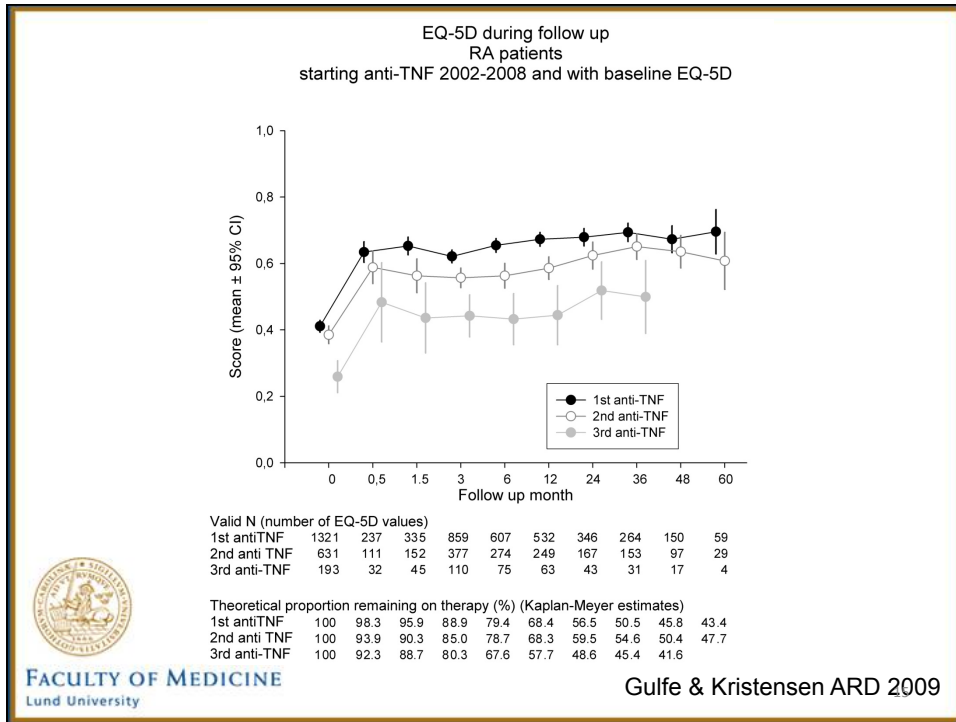


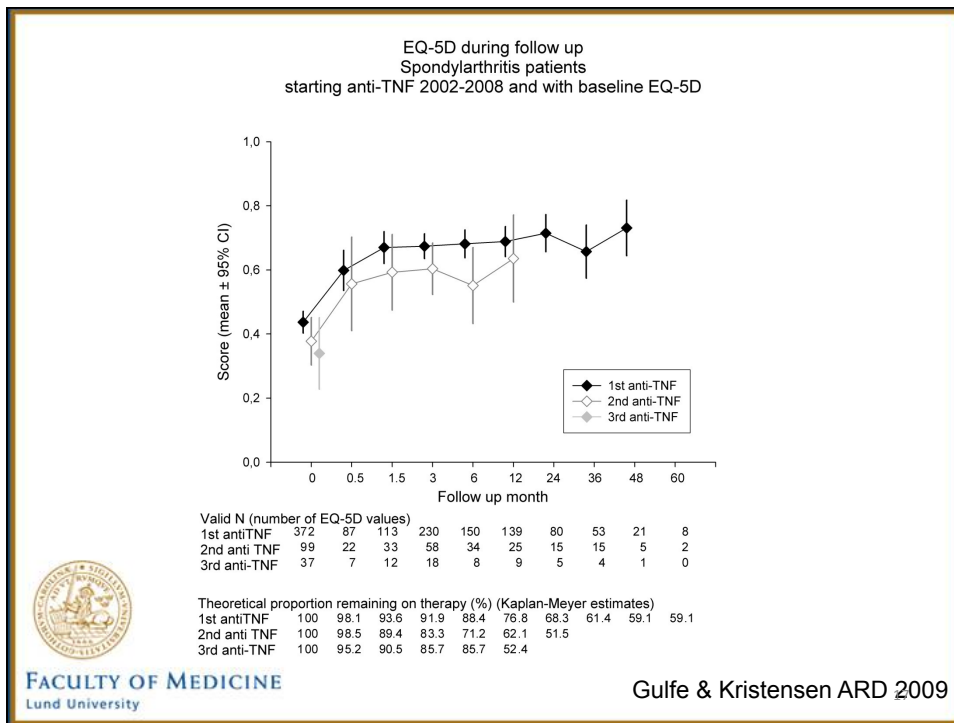
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Number Initiated/Number with baseline EQ-5D values

RA	119/68	232/204	254/222	260/209	254/224	268/218	201/171
Spondylarthritis	24/10	45/35	47/42	59/54	79/73	89/77	93/79
Psoriatic arthritis	18/14	28/25	47/41	87/76	70/61	80/66	71/63

Gulfe & Kristensen ARD 2009





POSSIBLE STRENGTHS AND LIMITATIONS

- **STRENGTHS:**
 - Population based
 - Adjustment for temporal trends
 - Outcome information from an external reliable data source

- **LIMITATIONS:**
 - Limited power and follow-up
 - Channelling bias
 - No control group



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CONCLUSIONS

- Sick leave and disability are increased in chronic patients
- Anti-TNF therapy resulted in a marked decline in sick leave in AS and RA
- This decline was not offset by increase of disability



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CONCLUSIONS

- Same utility score and utility gain across diagnosis (AS, PsA, RA)
- Gain is within reasonable costs, especially for the first treatment course
- About the same cost independent of PsA, RA or AS diagnosis



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