

## Rheumatoid arthritis (RA) is progressive and disabling

RA is an autoimmune disease with **PREVALENCE WORLDWIDE OF APPROXIMATELY 35–70 MILLION**<sup>1,2</sup>

# 35–70 MILLION

### Goal of treatment is to slow disease progression and improve physical function<sup>3</sup>



**Control inflammation**



**Relieve pain**



**Prevent or slow joint damage**



**Improve physical function**

European guidelines support early introduction of effective therapy in RA following diagnosis<sup>4</sup>

## Multiple options to treat RA, including:



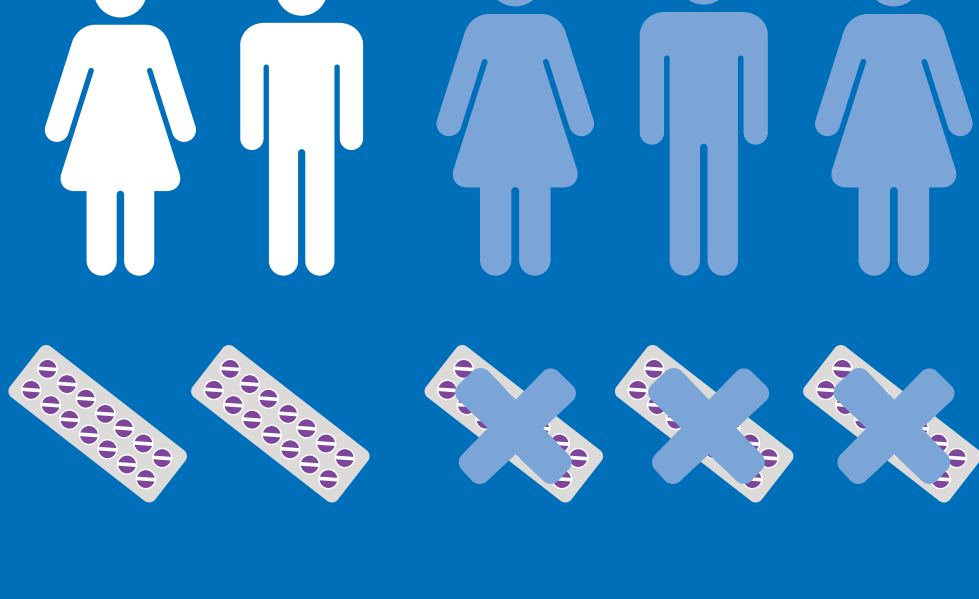
**Conventional synthetic DMARDs<sup>4,5</sup> (Disease-modifying anti-rheumatic drugs)**  
Usually used first to treat RA and control inflammation



**Biologics<sup>5</sup>**  
Work in different ways across internal pathways (e.g. anti-TNFs/anti-interleukins/T-cell co stimulation modulators)

## DMARD non-adherence is a big challenge

**MORE THAN HALF** of people with RA on conventional synthetic DMARD or combination therapy **DO NOT ADHERE TO THEIR DMARD TREATMENT<sup>6</sup>**



Conventional synthetic DMARD side effects include:<sup>7,8</sup>



**Nausea**



**Vomiting and diarrhoea**



**Mouth ulcers**



**Hair loss**

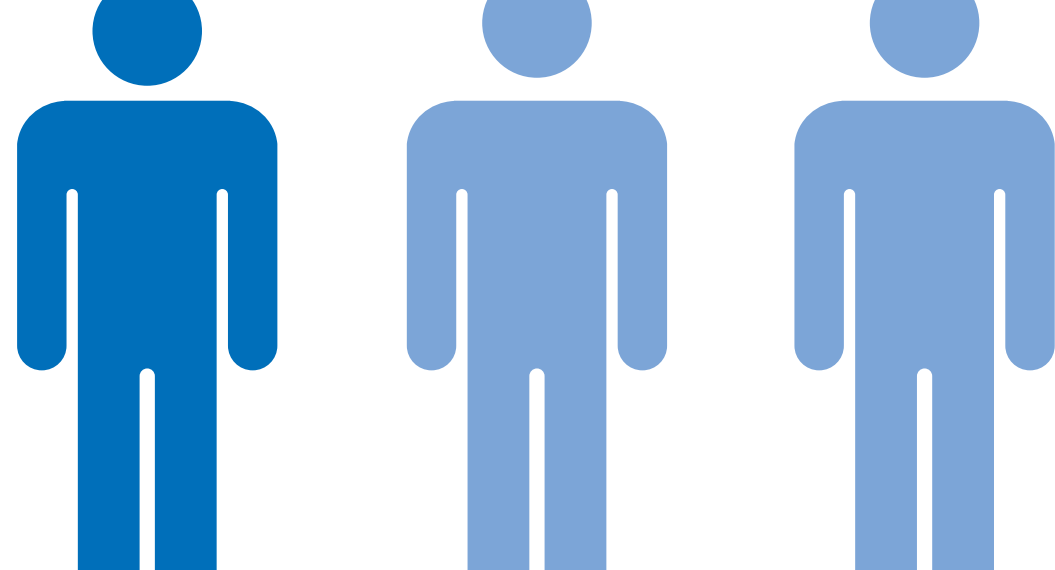


**Skin rashes**

**NON-ADHERENCE CAN RESULT IN SIGNIFICANTLY WORSE DISEASE CONTROL AND OUTCOMES** compared to individuals adherent to their RA treatment<sup>9,10</sup>



## Treatment with one medicine (monotherapy) has a role to play



**1 in 3 people with RA**

on a biologic medicine are currently receiving their medication as monotherapy, often due to intolerance to methotrexate<sup>11,12</sup>

## Open conversations to maximise treatment outcomes

Treatments can be tailored to suit individual needs



Nearly half of all people with RA would like **MORE INPUT INTO THEIR TREATMENT DECISIONS<sup>13</sup>**

**79% OF PEOPLE WITH RA REPORT AN IMPROVEMENT IN THEIR OVERALL HEALTH** after discussing their options with their rheumatologist and receiving a change in treatment<sup>13</sup>



### References

- Symmonds D, et al. The global burden of rheumatoid arthritis in the year 2000. Available at: [http://www.who.int/healthinfo/statistics/bod\\_rheumatoidarthritis.pdf](http://www.who.int/healthinfo/statistics/bod_rheumatoidarthritis.pdf) [Last accessed: 1 May 2017].
- Gabriel SE, et al. *Arthritis Res Ther*. 2009;11:229
- Patient UK. Rheumatoid arthritis. Available at: <http://www.patient.co.uk/health/rheumatoid-arthritis-leaflet> [Last accessed: 7 May 2017].
- Smolen JS, et al. EULAR recommendations for the management of rheumatoid arthritis with synthetic and biological disease-modifying antirheumatic drugs: 2013 update. *Ann Rheum Dis*. 2014;73:492–509.
- NRAS.org.uk. Medication. Available at: <http://www.nras.org.uk/medication>. [Last accessed: 7 May 2017].
- Engel-Nitz NM, et al. Use of anti-tumor necrosis factor monotherapy and adherence with non-biologic disease-modifying anti-rheumatic drugs in combination with anti-tumor necrosis factor therapy among rheumatoid arthritis patients in a real-world setting. [abstract]. *Arthritis Rheum*. 2012;64 (Suppl 10):378.
- Dhir V, et al. Methotrexate-related minor adverse effects in rheumatoid arthritis. *J Clin Rheum*. 2012;18(1):44–46.
- Fraenkel L, et al. Unwillingness of rheumatoid arthritis patients to risk adverse effects. *Rheum*. 2002;14:253–261.
- Contreras-Yáñez I, et al. Inadequate therapy behavior is associated to disease flares in patients with rheumatoid arthritis who have achieved remission with disease-modifying antirheumatic drugs. *Am J Med Sci*. 2010;340:282–290.
- Cannon GW, et al. Merging Veterans Affairs rheumatoid arthritis registry and pharmacy data to assess methotrexate adherence and disease activity in clinical practice. *Arthritis Care Res (Hoboken)*. 2011;63:1680–1690.
- Soliman MM, et al. Impact of concomitant use of DMARDs on the persistence with anti-TNF therapies in patients with rheumatoid arthritis: results from the British Society for Rheumatology Biologics Register. *Ann Rheum Dis*. 2011;70:583–589.
- Yazici Y, et al. Utilization of biologic agents in rheumatoid arthritis in the United States: analysis of prescribing patterns in 16,752 newly diagnosed patients and patients new to biologic therapy. *Bull NYU Hosp Jt Dis*. 2008;66:77–85.
- Roche RA survey, data on file.