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DISEASE AND TREATMENT FEATURES AND EXPECTATIONS IN THE BRAZILIAN COHORT OF SENSE, A LARGE INTERNATIONAL STUDY IN RHEUMATOID ARTHRITIS

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BACKGROUND

Patient characteristics, treatment preferences and goals are important determinants of treatment success in rheumatoid arthritis (RA). SENSE, a noninterventional, cross-sectional study conducted among adult patients with RA and moderate or high disease activity, aimed to assess associations between inadequate response to disease-modifying antirheumatic drugs (DMARDs), patient attitudes, and disease outcomes in 18 countries. This study presents selected results of SENSE Brazilian cohort.

MATERIALS AND METHODS

Patient satisfaction was assessed by Treatment Satisfaction Questionnaire for Medication (TSQM), version 1.4. Treatment adherence, patient preferences, and expectations were evaluated by visual analog scales. Digital health literacy was assessed using eHealth Literacy Scale. Work Productivity and Activity Impairment Questionnaire-Rheumatoid Arthritis, v2.0 (WPAI-RA) was used to assess workability. Quality of life was assessed using 36-Item Short Form Survey (SF-36), version 2.

RESULTS

Of 1624 patients in SENSE, 73 were from Brazil and 70 were analyzed. Most were female (87.1%), the median age was 58.5 years, and median disease duration was 8 years. The mean (SD) disease activity was 4.9 (1.2) by DAS28-CRP, and the HAQ-DI of 1.4 (0.8) indicated a moderate to severe impact on functional ability. No patients were in remission and 7 patients (10.0%) were in LDA by CDAI. Current medication included methotrexate (72.9% of patients), glucocorticoids (45.7%), leflunomide (25.7%), biologic DMARDs (22.9%), and tofacitinib (5.7%); one/two/three DMARDs were taken by 68.6/27.1/4.3% of patients, respectively. The mean self-reported treatment adherence was 89.1%. The mean (SD) TSQM subscores were 55.5 (22.4) for effectiveness; 85.4 (24.2) for side effects; 72.7 (19.5) for convenience; and 66.9 (19.8) for global satisfaction. The leading treatment expectations were “general improvement of arthritis”, “less joint pain”, and “lasting relief of RA symptoms”, with SD of 5.6–5.7 (1.8). A total of 65.7% of patients preferred oral administration and 41.4% preferred not to use drug combinations for RA. Mean SF-36 subscores ranged from 34.6 to 60.0. Only 30% of patients were employed, and the SD were 50.7 (34.7) for total work productivity impairment and 59.3 (32.7) for total activity impairment. The SD Total eHealth Literacy score was 21.1 (8.8), and only 40% of patients found internet useful or very useful to make health decisions.

CONCLUSION

These results, generally congruent with those from SENSE overall, suggest that disease control remains suboptimal, and quality of life and productivity are considerably affected, among patients with moderate or severe RA. Among such patients, better disease control may lead to improvements of such outcomes.

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