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EVALUATION OF THE NOCEBO EFFECT OF PATIENTS WITH RHEUMATOID ARTHRITIS WHO HAVE SWITCHED THE ADMINISTRATION ROUTE FROM THE ENDOVENOUS ABATACEPT TO SUBCUTANEOUS

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BACKGROUND

Abatacept is a fully human soluble costimulation modulator that selectively inhibits the CD80/CD86: CD28 costimulatory signal required for full T cell activation and T cell-dependent activation of B cells. Abatacept can be performed on both EV and SC and is one of the therapies used for rheumatoid arthritis (RA) refractory to the use of synthetic immunosuppressive disease-modifying antirheumatic drugs. The objective of this study is to evaluate the nocebo effect of switching the route of administration.

MATERIALS AND METHODS

Twenty-nine patients with a diagnosis of RA were recruited from the rheumatology department of a tertiary hospital, to take part in this study. All patients had a diagnosis of RA using the 2010 EULAR-ACR criteria. They were evaluated in relation to switching the administration route, which was due to the interruption of the manufacture of the intravenous route and consequent shortage in the market.

RESULTS

The study sample was made up of 29 patients, 86.2% women, with mean age of 63.75 years, mean illness time of 14.85 years, 96.55% of the participants had positive rheumatoid factor (RF), 31.3% also with associated anticitrullinated peptide/protein antibodies (ACPA). When checking the previous time of usage of the intravenous medication before the exchange, it was noted that 85.72% had used the medication for at least 1 year. After changing the route of administration, the average Clinical Disease Activity Index (CDAI) on consultation increased from 8.08 to 13.4 ($p = 0.19$), with an increase in 37.99% of the patients; when the visual pain scale (VAS) was evaluated, it was noticed that patient's VAS had increased from 3.65 to 4.25 ($p = 0.57$) in line with the average of the medical VAS that grew from 1.76 to 2.47 ($p = 0.34$) after changing the track.

CONCLUSION

With the change in the administration route of intravenous to subcutaneous abatacept, there was an increase in the means of CDAI, patient VAS and medical VAS; however, there was no statistical significance, so there was no nocebo effect on the exchange in patients with rheumatoid arthritis.