1178  Letters to the Editor

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Comment on: British Society for Rheumatology and British Health Professionals in Rheumatology guideline for the management of rheumatoid arthritis (after the first 2 years)

Sir, We note with great interest the recent guideline from the BSR regarding the long-term management of RA [1]. Our comment refers to guideline 2 which states that, although randomized controlled trials of aggressive treatment regimes suggest that remission rates remain high and radiographic progression is slow, the withdrawal or reduction of DMARD therapy in the hope of achieving drug-free remission is not justified and therefore not recommended.

This suggests that the recommendation is to escalate DMARDs rapidly in an endeavour to achieve tight control and aim for remission, without recourse to stopping DMARDs, reducing the number of drugs or the dose once remission is achieved for any length of time. The recommendation is justified on the basis of two previous studies from the 1990s [2, 3] (a time at which the management of RA could be considered to be considerably less aggressive and DMARDs initiated later in the disease course than current practice). It is also noteworthy that the authors of the second RCT conclude that 62% of the placebo (withdrawn from DMARD) group went 12 months without experiencing a flare and that some patients may take a chance and decide to take a treatment break rather that continue indefinitely.

This issue was recently reviewed in a meta-analysis performed by O’Mahony et al. [4]. The studies involving traditional DMARDs were all >10 years old and many used third-line DMARDs such as penicillamine, gold and azathioprine. The majority abruptly discontinued the DMARD replacing with placebo as opposed to a gradual reduction. There is only a single case series looking at reducing the dose of MTX, albeit going from weekly to fortnightly. However, this study showed that 87% of the RA patients remained stable despite halving the dose [5].

We would urge caution in interpreting the limited data available. In truth we simply do not know the risks of reducing the numbers and doses of DMARDs given in current treatment regimes, with early intervention (including the treatment of those with undifferentiated inflammatory arthritis), use of multiple DMARDs and escalating to high dose quickly. We also do not really know the long-term risks of adverse events of such aggressive management. The ultimate goal of remission without drugs may be possible for some given the modern approach and drug holidays may be possible for others. If a patient requests a reduction in therapy they should be made aware of the possibility...