Fact Sheet:
Treatment Options for Patients with Inflammatory Rheumatic Conditions

Inflammatory rheumatic conditions, such as rheumatoid arthritis and axial spondyloarthritis, affect tens of millions of people globally. For some patients living with inflammatory rheumatic conditions, remission is possible. Treating with the aim of remission focuses on reducing inflammation—or stopping it altogether—to ensure symptoms are under control.

Policymakers, physicians and patients should understand the different treatment options available to reach the target of remission.

Treatment options

Reducing inflammation as early as possible is key to slowing or preventing disease progression and achieving remission. Disease modifying drugs, or DMARDs, can achieve this and are either conventional synthetic (csDMARD), targeted synthetic (tsDMARD) or biologic (bDMARD) DMARDs. Anti-inflammatory and simple analgesics are used to control pain, and rehabilitation helps restore and maintain function.

Treating early and treating to target yield optimal results. Early remission in patients with early RA treated with conventional synthetic DMARDs (csDMARDs) is linked to clinical and functional benefits.[1] Even among patients requiring additional targeted therapies (bDMARDs or tsDMARDs), those achieving remission within 12 weeks (28% of patients) experienced less pain and fatigue, and better physical functioning and quality of life for at least one year compared to those who did not.[2]

Control Over Dosage and Treatment Timelines

Remission is not a one-size-fits-all journey. For patients in sustained remission, reducing the dose of DMARDs could be beneficial. Also known as 'tapering,' this method lowers the dose of therapeutics without stopping the medication entirely, as sudden discontinuation often leads to flares.[3]

In RA, the idea that DMARDs must always be continued has been questioned. This belief is mostly based on data from patients using biologics, a group that is generally harder to treat and less likely to achieve drug-free remission. However, for patients who do not need biologics, DMARD-free remission is possible. Studies show that 20-38% of these patients can stop treatment without the disease returning.[4,5,6]

Access to the Full Range of Treatment Options

There are many therapeutic options for patients living with chronic inflammatory conditions. For patients with psoriatic arthritis, switching to another biologic (bDMARD) or targeted synthetic DMARD (tsDMARD) is recommended in case of inadequate response or intolerance. This includes one switch within the same drug class.[7]

Another avenue for patients pursuing remission is switching between drug classes for optimal results. Emerging evidence shows that switching from a TNF inhibitor to a JAK inhibitor, for example, often leads to better outcomes than switching within the same class.

Evidence shows that patients who switch drug classes are:

- **1.7 times more** likely to reach remission
- **2.2 times more** likely to be pain-free
- **1.8 times more** likely to demonstrate better adherence[8]

For more information, please visit **www.globalremission.org**.

Global Remission Coalition

References

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