THERAPY

Real-world trial of treat-to-target—less drop-out, shorter time to improvement

Treat-to-target approaches, known to be superior to routine care in patients with early rheumatoid arthritis (RA), are also better in those with established disease, report Janet Pope and colleagues in *Arthritis Care & Research*. “The unexpected finding was that there were far fewer drop outs in those who had treatment to a target,” states Pope.

The 18-month real-world trial involved 308 patients with established RA for whom a decision to initiate therapy with adalimumab had been made independently of the study. “We did cluster randomization,” explains Pope, “as it would be difficult for a rheumatologist to treat one person to a target and not another patient.” Two different targets—28-joint disease activity score (DAS28) <2.6 ($n = 100$) and swollen-joint count (SJC) of 0 ($n = 99$)—were compared with routine care ($n = 109$). Decisions regarding concomitant medication, routine care, and timing of appointments were left to

physician judgement. Change in DAS28 between baseline and 18 months was the primary outcome measure; secondary measures included SJC and achievement of DAS28 <2.6 and EULAR responses.

In all three groups, 6-month improvements in DAS28 were significant, comparable, and maintained to 18 months. Between-group differences were nonsignificant for most secondary outcomes. Patients in both target groups, however, had significantly shorter time to achieving a good/moderate EULAR response in comparison with routine care. Furthermore, patient satisfaction increased significantly more in the DAS28 group than the other groups. The greatest difference was in retention: 34.4% of patients in the routine care group, compared with 27.0% in the DAS28 group and 22.2% in the SJC group were discontinued by 18 months.

“Patients possibly achieve a target more quickly and they continue to use

their medication—so their treatment is optimized,” says Pope. “This is important as the drop out with TNF inhibitors over the first 2 years is very high.” Noting that the findings show real-world trials to be capable of answering scientific questions through usual care she concludes: “maybe we should be doing this more often.”

Emma Leah

Original article Pope, J. *et al.* Treating to a target in established active RA receiving a TNF inhibitor. Results from the optimization of adalimumab randomized trial. *Arthritis Care Res.* doi:10.1002/acr.22010