GOOD THERAPEUTIC RESPONSE WITH BIOLOGICS
BUT PATIENTS’ AND PHYSICIANS’ OPINION ARE DIFFERENT.
DATA FROM THE AUSTRIAN BIOREG REGISTRY.

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Background: The discordance between patients and physicians in estimation of patients’ global health is well known especially from RA patients. We tried to find out whether differences in global health estimation are the same in patients with different diseases using data of the Austrian biologic registry BioReg (http://www.bioreg.at).

Objectives: The aim of this evaluation was to elucidate the amount of differences between PGA (Patient Global disease Activity) and EGA (Evaluator’s Global disease Activity) in patients with rheumatoid arthritis (RA), spondylarthritides (SpA) and psoriatic arthritis (PsA) at baseline and at control visits every six months after inclusion in BioReg.

Methods: Data were extracted from the Austrian BioReg registry (http://www.bioreg.at) which was initiated in 2009 to document patients treated with one of the nine biologics (abatacept, adalimumab, anakinra, certolizumab, etanercept, golimumab, infliximab, rituximab, tocilizumab) approved in Austria. Patients with ongoing biologic therapy as well as biologic-naïve patients starting biologic therapy can be included (baseline, BL). Further documentation is recommended about every six months (V1, V2 up to V11). Meanwhile, 1663 patients (rheumatoid arthritis (RA) n=948, ankylosing spondylitis (SpA) n=400, psoriatic arthritis (PsA) n=267, other disease n=48) have been documented. Estimation of global health is done using a visual analogue scale (VAS with 100 mm, 0 = no disease) by patients (PGA) and by physicians (EGA) at every visit.

Results: VAS (median values of BL; V1; V2; V3; V4; V5) of patients with RA showed differences between PGA (30; 20; 22; 20; 20) and EGA (15; 7; 10; 10; 10) as well as in SpA (PGA 39; 30; 26; 30; 30 and EGA 20; 10; 10; 10; 10) and in PSA (PGA 30; 20; 12; 20; 20 and EGA 20; 10; 5; 10; 10). Median values of inflammation’s laboratory markers (ESR in mm/1st hour and CRP in mg/l) were always within the normal range (ESR and CRP in RA 5; 12; 14; 12; 14 and 2,0; 2,0; 2,2; 2,0; 2,0; in SpA: 7; 7; 7; 8; 7; 7 and 1,5; 1, 5; 1,7; 1,4; 1,2; 1,1 and in PsA 8; 8,5; 9; 9; 10; 10 and 2,0; 1,7; 1,4; 1,0; 1,0; 1,0).

Conclusion: As described for RA we also saw in patients with RA but also in SpA and PsA, that physicians’ estimation of global health is always better than patients’ values at all visits. We suppose that physicians focus primarily on signs of active inflammation and less on general feeling. The normal values of ESR and CRP support this assumption.

References:

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