



HOW CAN T2T HELP ME?

According to the TICORA study, which pioneered T2T in RD, striving for a specific improvement target improves outcomes.^[3] Expert rheumatologist James O'Dell said, "The target is the important thing. Not necessarily what therapy it is, but that our patients are doing well." One day, a cure for RD will be found to address all of the problems the disease creates, but today, intensive therapy with thorough monitoring produces the best outcomes. "The concept of achieving tight control of RA and treating to target has been well established and utilizes early diagnosis, aggressive treatment, and regular monitoring, leading to positive outcomes in a significant number of patients with RA who achieve current treatment goals of low levels of disease activity or clinical remission."^[4]



Footnotes:

[1] For more information about medications used in treatment, see the Rheumatoid Patient Foundation Brochure "Treatment Management for Rheumatoid Disease."

[2] Smolen JS, Aletaha D, Bijlsma JW, et al. Treating rheumatoid arthritis to target: recommendations of an international task force [published correction appears in Ann Rheum Dis. 2011;70:1519]. Ann Rheum Dis. 2010;69:631-637.

[3] Grigor C, Capell H, Stirling A, et al. Effect of a treatment strategy of tight control for rheumatoid arthritis (the TICORA study): a single-blind randomised controlled trial. Lancet. 2004;364:263-269.

[4] Ruderman EM, Nola KM, Ferrell S, Sapir T, Cameron DR. Incorporating the treat-to-target concept in rheumatoid arthritis. J Manag Care Pharm. 2012 Nov-Dec;18(9):1-18.

ABOUT THE RPF



Rheumatoid Patient Foundation

Improving the lives of people with Rheumatoid Disease

The Rheumatoid Patient Foundation (RPF) is a 501c(3) non-profit organization dedicated to improving the lives of patients with Rheumatoid Diseases such as Rheumatoid Arthritis and Juvenile Arthritis through a variety of means, including research, public awareness, patient education and patient-led advocacy.

For more information, to order copies of this and other brochures, or to become a Member, visit our website: <http://rheum4us.org>

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TREAT TO TARGET (T2T) IN RHEUMATOID DISEASE



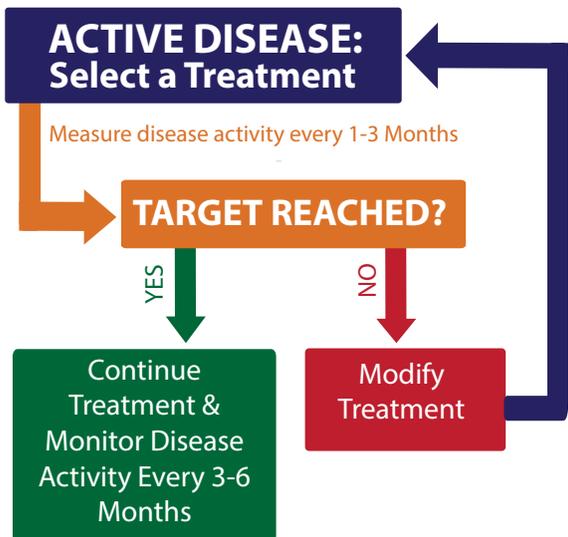
A resource guide from the Rheumatoid Patient Foundation



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TREAT TO TARGET: FLOW CHART





ABOUT RHEUMATOID DISEASE

Rheumatoid Arthritis, or Rheumatoid Disease (RD), is a serious systemic immune-mediated disease that can affect any part of the body. In RD, excess immune activity causes inflammation that usually leads to fatigue, fever, stiffness, or a feeling of being ill. Typically, RD attacks the musculoskeletal system, causing joints or tendons to become painful, swollen, or weak, and leading to disability or permanent damage. The disease can also lead to problems with various organs or systems, including the circulatory or nervous systems, eyes, skin, bones, heart, or lungs.

RD is treated by modifying disease activity with disease-modifying anti-rheumatic drugs (DMARDs), including biological DMARDs.^[1] Since there presently is not a cure for RD, doctors often prescribe DMARDs in an attempt to “modify” the disease by slowing disease progression, reducing joint damage and easing symptoms such as swelling, stiffness and pain.

WHAT IS TREAT TO TARGET?

The treat to target (T2T) approach involves defining a treatment goal or “target” and modifying the therapy if the target is not reached.

Early and aggressive DMARD treatment has been shown in many clinical studies to produce the best outcomes for RD patients. In order to determine the effect of treatments, disease activity (DA) needs to be measured. Treat to target (T2T) is an approach to treating RD that incorporates aggressive or intensive treatment, regular monitoring of DA, and the setting of a goal--the “target.” T2T has been shown in studies to result in lower DA levels. For people with RD, that means less pain, disability, and damage.



HOW IS DISEASE ACTIVITY MEASURED?

While systemic rheumatoid disease activity is difficult to quantify, researchers have developed methods to help doctors determine how active a patient’s RD is, including simple measures, such as:

- Counting tender and swollen joints
- Patient questionnaires on how RD is affecting physical abilities
- Patient’s and physician’s “global” (overall) assessments of DA, including pain
- Blood tests measuring markers of inflammation

Such methods are combined to create instruments such as the CDAI (Clinical Disease Activity Index), SDAI (Simplified Disease Activity Index), DAS28 (Disease Activity Score in 28 Joints), and RAPID3 (Routine Assessment of Patient Index Data 3). Several instruments have been shown to be valid, but regardless of which instrument is used, what’s most important for patients is to know that measuring DA is a valuable part of rheumatology care.

Blood tests such as C-reactive protein (CRP) or erythrocyte sedimentation rate (ESR) are included in some DA instruments, but the results of these tests are normal in many patients, even with active disease. At this time, there is not a simple blood test that can confirm RD disease activity in every patient.

Various imaging tests are sometimes used to help assess DA, such as musculoskeletal ultrasound, MRI, or nuclear bone scan. However, these tests do not provide a clear DA score that is needed in T2T.

Disease activity is measured more frequently (often monthly) for patients with high or moderate disease activity. DA is measured less frequently, such as every 3 to 6 months, for patients in sustained remission or low DA.^[2]

WHAT IS THE TARGET?

Experts agree the ideal target in RD treatment is remission, which experts have defined as “the absence of signs and symptoms of significant inflammatory disease activity.”^[2] However, in some circumstances, “low disease activity” may be chosen as an alternate target. Both “remission” and “low disease activity” have different definitions according to various DA tools, and may not mean that the patient is “symptom free.” Hopefully, research will continue to improve both treatment strategies and medications, so that complete remission will become more realistic for everyone with Rheumatoid Disease.

HOW WILL T2T AFFECT MY MEDICATIONS?

In T2T, DA is measured, and if it is not improved, the treatment plan is adjusted. An expert international task force recommended that drug therapy be adjusted at least every 3 months until the desired target is reached.^[2] Specific guidelines have been recommended for rheumatologists concerning when to use each type of medicine. When the target is not reached, doctors might recommend one of the following changes:

- Increasing a medication dose
- Adding a new medication to existing treatment plan
- Substituting a new medication for a previous medication

