A proposed treatment algorithm for rheumatoid arthritis: Aggressive therapy, methotrexate, and quantitative measures

J.S. Smolen1, T. Sokka2,3, T. Pincus2, F.C. Breedveld4

1University of Vienna and Krankenhaus Lainz, Vienna, Austria; 2Vanderbilt University Medical Center, Nashville, Tennessee, USA; 3Jyvaskyla Central Hospital, Jyvaskyla, Finland; 4Leiden University Medical Center, Leiden, The Netherlands.

Please address correspondence to: Josef S. Smolen, Professor of Medicine, Division of Rheumatology, Internal Medicine III, University of Vienna, Waehringer Guertel 18-20, A-1090 Vienna, Austria.


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A proposed treatment algorithm is presented for patient management of rheumatoid arthritis (RA). The treatment algorithm provides a guideline and not a directive. Three principles appear to pertain to all patients:

1. Treatment should be aggressive, directed towards remission or a near remission status for patients, with changes every 2-6 months (usually within 2 to 4 months) if results are not meeting this goal.

2. Early use of methotrexate is recommended, as most patients will ultimately take methotrexate and its long-term record of effectiveness and safety would make it the treatment of choice for most patients.

3. Rheumatologists should include a quantitative measure to document clinical status, which could be a joint count, formal disease activity score (DAS) (1) or the simplified disease activity index (SDAI) (2), health assessment questionnaire (HAQ) (3) or a multi-dimensional version (MDHAQ) (4), visual analog scale scores for pain and patient and physician global assessments, the erythrocyte sedimentation rate or C-reactive protein.

Rheumatologists are encouraged to apply formal indices, such as the DAS or the American College of Rheumatology (ACR) improvement criteria for 20%, 50%, and 70% (ACR20, 50, 70), although it is recognized that this is difficult in usual care, or a more simplified version such as the SDAI. Nonetheless, the use of some type of quantitative measure is most desirable, as descriptive monitoring of clinical status

![Fig. 1. Algorithm for achieving therapeutic success in rheumatoid arthritis. Lack of significant x-ray progression should be evaluated after 6 to 12 months. RA: rheumatoid arthritis; SDAI: Simplified Disease Activity Index; DMARD: disease modifying anti-rheumatic drug; MTX: methotrexate; DAS: Disease Activity Score; HAQ: Health Assessment Questionnaire; MDHAQ: Multi-Dimensional Health Assessment Questionnaire; pt: patient; TNF: tumor necrosis factor.](image-url)
from one visit to the next frequently underestimates functional declines and the progression of damage. A patient questionnaire such as an HAQ or one of its shorter versions can provide quantitative data which are as valuable as any clinical data in the prediction of severe outcomes including work disability, costs, and mortality.

References