Dear Editor,

The "treat to target" (T2T) approach in managing RA is becoming rather popular. This idea aiming to control RA more tightly, was derived from the therapeutic approach used in diabetes mellitus (DM), hypertension (HTN) and dyslipidemia. It has been shown that tight control of these medical conditions resulted in better outcomes. The T2T recommendations for RA include following the patient closely and considering alterations in treatment every 1-3 months if necessary in order to receive a complete remission.

The idea is well intentioned however there are important caveats which mainly stem from the fact that there are fundamental differences between RA, DM, HTN and dyslipidemia. The same holds true for the medications that we use to manage RA versus the medications used in the other listed conditions.

Key words: Rheumatoid arthritis, treatment, tight control.

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to measure or estimate compared with the synthetic agents. Moreover, it may well be that changing the treatment will result in non response or even worsening the medical condition rather than improving it – a case which does not occur when treating DM or HTN. Thus there are many unexpected variables in using the "biologic agents" which are related to the medication itself, the patients and the characteristics of their disease.

5. Tight control proved to be perhaps not very desirable in DM and HTN. Last but not least, recent studies concerning our enthusiastic approach in tightly controlling glucose levels, blood pressure or serum cholesterol resulted in poor outcomes with higher rates of mortality due to hypoglycemic episodes and severe hypotension.  

Similarly in RA we do not yet know what will be the cost of tight control of the joint disease in the long term outcome regarding complications such as infections or malignancies. It may well be that the current positive outcome of treatment with biologic agents is a result of their administration after serious and careful consideration and in the appropriate dosage. Pushing them to higher dose or more frequent changes in order to achieve a better target may increase the risk at long term.

In summary in assessing the T2T approach for widespread use, we should not forget that the analogy to other chronic diseases such as DM, HTN or dyslipidemia is not quite satisfactory. As a matter of fact, the first "Swallow", a paper supporting the above caveats has just been published. [11]

References