

WHAT DO RHEUMATOLOGISTS THINK AND DO IN THE MANAGEMENT OF INFLAMMATORY ARTHRITIS: A BASELINE SURVEY

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Introduction

- ▶ The Value in Prescribing bDMARDs program is a national education program aiming to support optimal disease modifying antirheumatic drug (DMARD) use (see Poster 38 for more information).
- ▶ It aims to achieve better health outcomes for patients and contribute to Pharmaceutical Benefits Scheme sustainability.
- ▶ A range of evidence and data driven educational activities and resources for health professionals and patients are being developed to support the program.

Figure 1. Examples of program resources



Aim

- ▶ To understand baseline attitudes and practice of rheumatologists in the management of inflammatory arthritis.

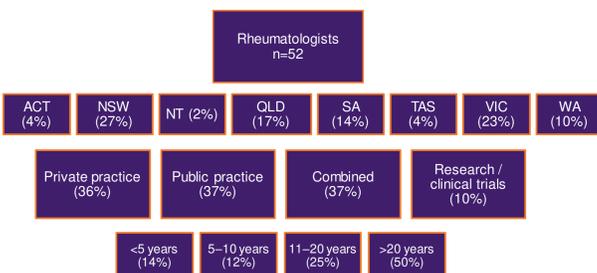
Methods

- ▶ An online survey was developed to measure baseline attitudes, confidence and practice in the management of rheumatoid arthritis (RA), ankylosing spondylitis (AS) and psoriatic arthritis (PsA), including the use of methotrexate (MTX) and biological/targeted synthetic (b/ts)DMARDs.
- ▶ The survey was distributed in September 2020.
- ▶ Data were analysed using SPSS (IBM, version 25).

Results

- ▶ 52 rheumatologists responded.

Figure 2. Respondent demographics

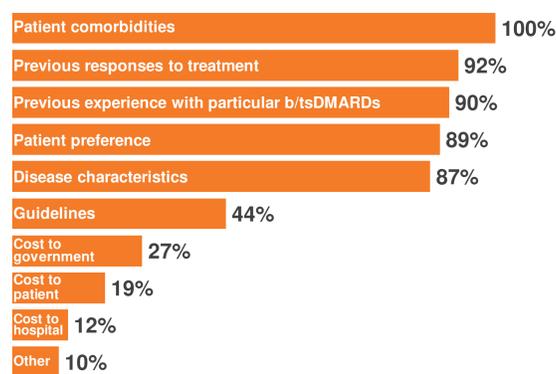


Attitudes toward DMARD use for RA, AS & PsA

Table 1. Agreement with statements related to the management of RA, AS & PsA

Statement	Strongly Agree / Agree, % (n)	Neutral, % (n)	Strongly disagree / Disagree, % (n)
MTX is the first-line DMARD for RA	100% (52)	0% (0)	0% (0)
Subcutaneous (SC) MTX therapy should be prescribed for patients with RA who have inadequate response or poor tolerance to oral MTX	69% (36)	23% (12)	8% (4)
Combination csDMARD and b/tsDMARD therapy is generally considered more effective than b/tsDMARD monotherapy (for RA)	77% (43)	14% (7)	10% (5)
b/tsDMARDs dosage can be down-titrated safely for some patients in remission or with low disease activity	94% (49)	6% (3)	0% (0)
I am confident in down-titrating a patient's b/tsDMARD	75% (39)	23% (12)	2% (1)

Figure 3. What influences choice of b/tsDMARD?



- ▶ Rheumatologists practising for <5 years were less confident down-titrating a patient's b/tsDMARD than those practising longer (p=0.005).

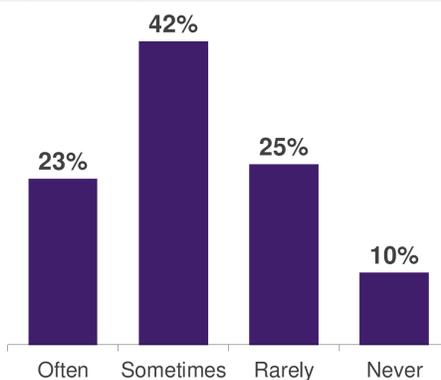
- ▶ Patient factors primarily influence choice of b/tsDMARD.

- ▶ Other influencing factors include trial data, dose frequency, patient location, health literacy, PBS requirements, the DMARD's carbon footprint and availability of patient support programs.

Self-reported prescribing of DMARDs

Figure 4. How frequently do rheumatologists prescribe SC MTX for patients with RA prior to a b/tsDMARD?

One quarter of rheumatologist respondents would often prescribe SC MTX therapy for patients with RA prior to prescribing b/tsDMARDs

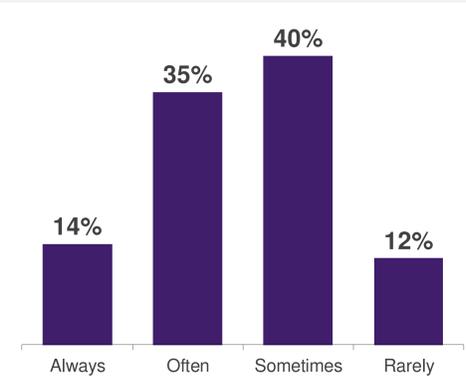


- ▶ Only one third of those agreeing that SC MTX should be prescribed prior to a b/tsDMARD (Table 1) then stated they would often prescribe SC MTX for patients with RA (p<0.001).

- ▶ Self-reported prescribing of SC MTX for RA is reflected in aggregate PBS data (see Poster 39 for more information).

Figure 5. How frequently do rheumatologists consider down-titration of b/tsDMARDs?

Half the rheumatologist respondents would always or often consider down-titration of b/tsDMARDs if a patient is in sustained remission



- ▶ Of the 49 rheumatologists agreeing that b/tsDMARDs can be down-titrated safely (Table 1), only 49% would then frequently consider down-titration (p<0.001).

- ▶ Rheumatologists practising for ≥11 years were more likely to frequently consider down-titration (p=0.03).

Conclusions

- ▶ Attitudes are generally in line with current evidence and guidelines.
- ▶ In some areas, a gap exists between accepted knowledge and current practice eg, in the use of SC MTX and b/tsDMARD down-titration.
- ▶ These results inform ongoing program development and implementation to address gaps.
- ▶ A post-survey will be conducted at the end of the program to measure changes in attitudes or practice.

Acknowledgments

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+ TARGETED THERAPIES ALLIANCE

Helping consumers and health professionals make safe and wise therapeutic decisions about biological disease-modifying antirheumatic drugs (bDMARDs) and other specialised medicines. Funded by the Australian Government Department of Health through the Value in Prescribing bDMARDs Program Grant.

