

Country economy is a stronger predictor of therapy initiation

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There is significant disparity between 'richer' and 'poorer' countries in terms of access to biological treatments for rheumatoid arthritis (RA), according to results from a multinational study across four continents presented today at EULAR 2010, the Annual Congress of the European League Against Rheumatism in Rome, Italy. Furthermore, findings from a separate study show that RA patients report the severity of their disease in the same way, irrespective of the country where they live.

Results of a multinational study assessing whether macro-economic differences predict likelihood of treatment with a biologic showed that at the start of the study, RA patients in rich countries were three times more likely to have already received a biologic than those in poor countries (33% vs. 11.6%). Assessing the number of patients who had not received a biologic before the start of the study showed that the disparity between patients in rich and poor countries (20% vs. 14%) continued in the following four to five years.

Results of a second study showed that macro-economic status did not have an impact on RA patients' perceptions of their disease severity, as measured by several clinical measures collated within the Patient Reported Outcomes (PROs) index. PROs were compared to the DAS measure of disease activity (DAS28) and a significant association for both rich and poor countries was (beta coefficient 0.73 (0.70-0.77) vs. 0.78 (0.73-0.82) respectively) detected. This indicates that, regardless of macro-economic status of the country, patients in the study report disease severity in a consistent way.

"The QUEST-RA study involves researchers and patients from 32 countries worldwide, and is the first of this scale to reveal some interesting findings related to the impact of countries' macro-economic status on patients' perceptions of disease, as well as the healthcare options available to them," said Dr. Tuulikki Sokka, Jyväskylä Central Hospital, Jyväskylä, Finland and lead author of both analyses. "Our study group, QUEST-RA, was put together as a collaborative international study of RA and consequently, it sheds light on the true international variations and related economic factors that affect the treatment of RA across the world."

Professor Paul Emery, President of EULAR and arc Professor of Rheumatology, Leeds Institute of Molecular Medicine, University of Leeds, UK said "The results of these studies have painted a clear picture of the impact that macro-economy of the country has on the treatments available for patients. EULAR is a partnership organisation of people with arthritis and [rheumatism](#) in Europe and clinicians, researchers, health professionals and will continue to work for equal access to effective treatments across Europe."

Study design

The multinational study (SAT0515) assessed 3,394 RA patients (80% female, mean age 57 years) from 18 countries (11 rich, 7 poor) who had 4-5 year follow up data available for review, using the QUEST-RA database which includes patient data from 86 sites in 32 countries.

The second study (SAT0051) utilized all available data from 8,039 patients from the QUEST-RA database, (16 rich countries, 16 poor). PROs including measures to assess HAQ and visual analogue scales for pain (including the Routine Assessment of Patient Index Data3 (RAPID3) and Disease Activity Score (DAS28)) were used to gain feedback direct from the patient on the physical function limitations and

experience of pain associated with their condition.

Provided by European League Against Rheumatism

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