

Immunotherapy- Achieving Remission is the New Norm

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Overview

- Evolution of treatment for inflammatory arthritis
- Treat to target
- Clinical scoring systems used
- Treatment options
- Role for the GP

Inflammatory Arthritis: Key Advances in the Early 2000's

1. Introduction of Biologics

(Early 2000s)

Targeted therapies for inflammation

- ✓ Block specific immune pathways (e.g., TNF)
- ✓ Reduce pain & swelling
- ✓ Prevent joint damage



➔ **Shift to disease modification**
(beyond symptom control)

2. Treat-to-Target Approach

(Gaining Momentum in 2000s)

Aim: Remission or Low Disease Activity



Set a target



Monitor regularly
(disease scores)



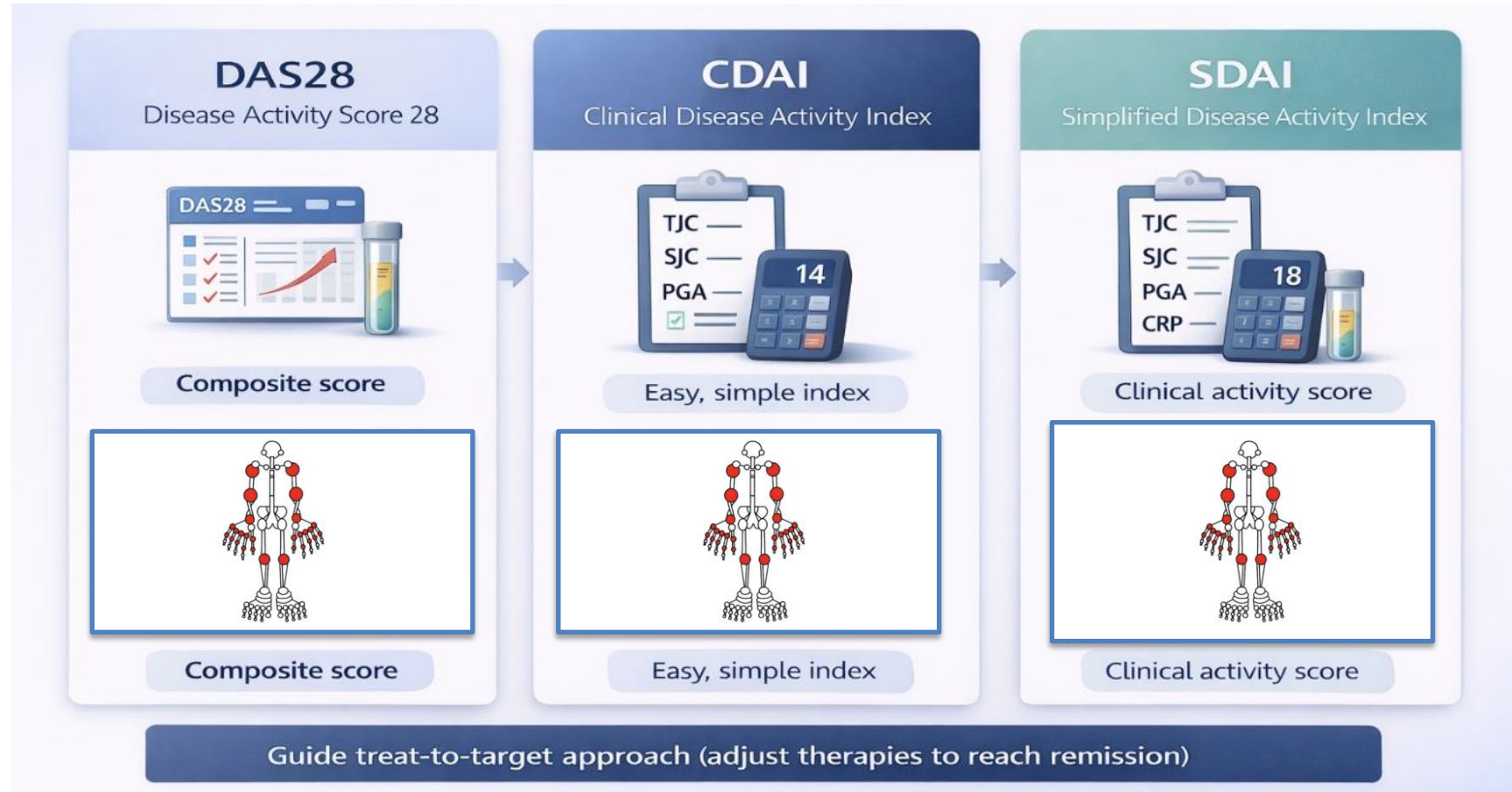
Adjust treatment
until target reached



Shift to tight control
with clear goals

Result: Better outcomes & quality of life for patients

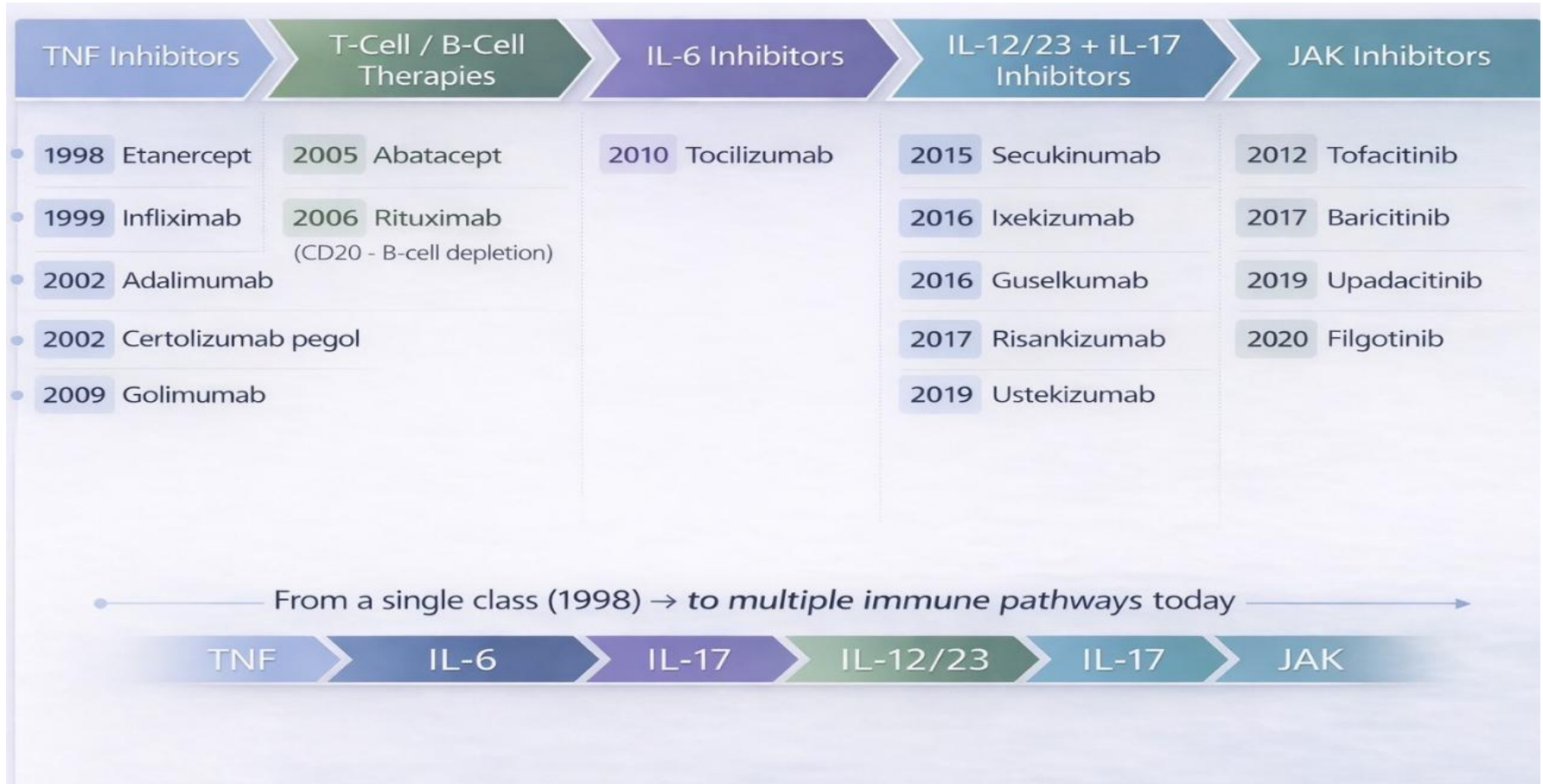
Scoring Systems for Inflammatory Arthritis



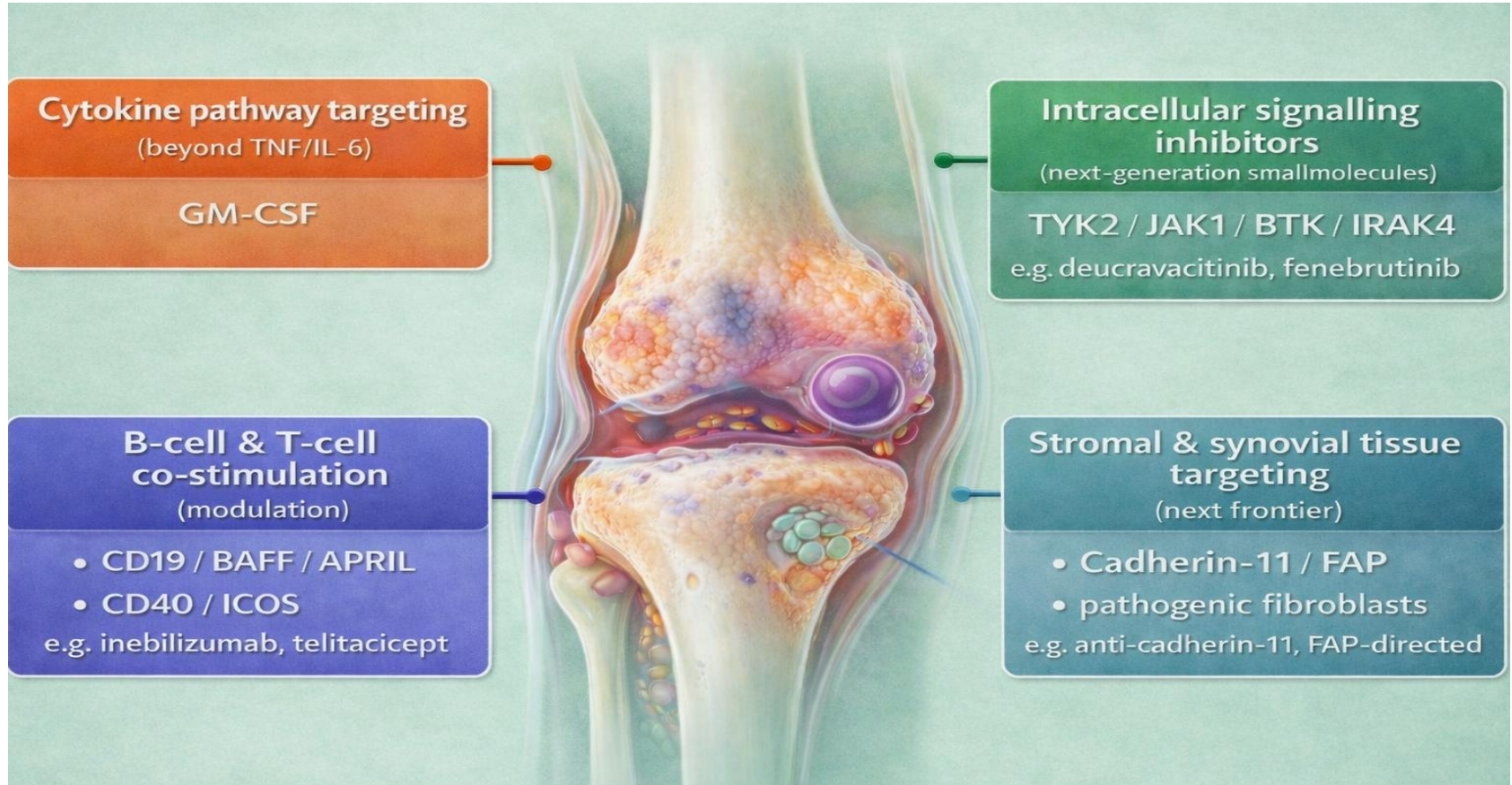
Treat to Target in Inflammatory Arthritis



Timeline of DMARD Therapy



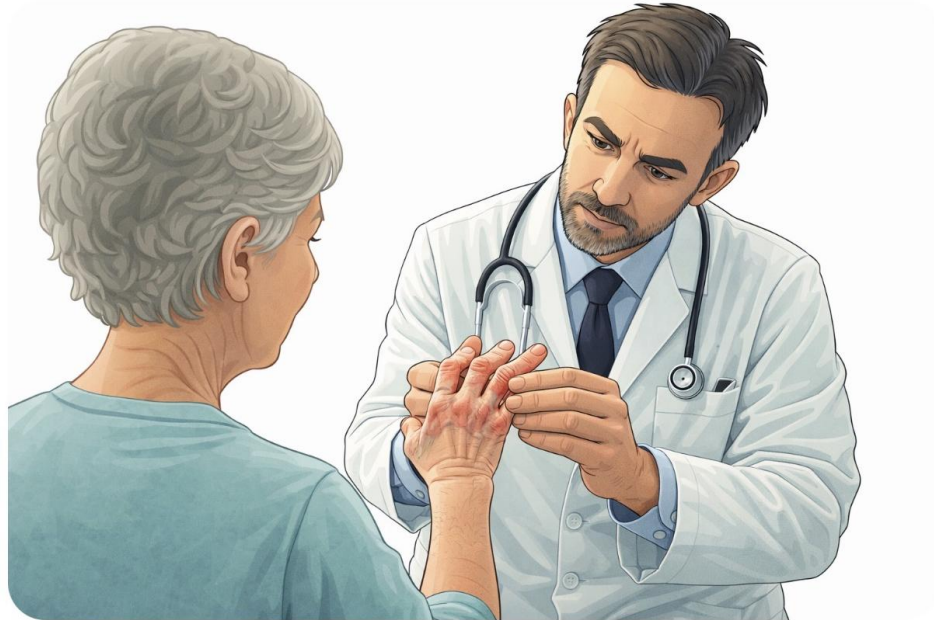
Emerging targets for inflammatory Arthritis



Why this matters in General Practice

Critical role in

- ✓ Early Recognition
- ✓ Rapid Referral
- ✓ Monitoring



Red flags for Referral

Suspect an inflammatory arthritis if:

- Acute onset
- Joint swelling
- Morning stiffness >30 minutes
- Pattern of joint involvement
- Symptoms > 6 week
- Psoriasis, dactylitis, tendonitis
- Strongly positive serology (RF anti CCP)
- Significantly elevated inflammatory markers (CRP, ESR)



Rheumatology pathway

Early Arthritis Clinic



Rapid Diagnosis



Start DMARD



Frequent monitoring and adjustment

GOAL: Complete disease control



Key Take Home Points

- **Early treatment** changes the natural history of disease
- **Treat to Target** aims to achieve full remission or MID as quickly as possible
- **Large menu of treatment** options now available and more to be available in future
- Long term outcomes of patients with inflammatory arthritis **improving all the time**



Thank You