

The clinical effectiveness and cost-effectiveness of treat-to-target strategies in rheumatoid arthritis: a systematic review and cost-effectiveness analysis

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Plain English summary

Treat-to-target strategies in rheumatoid arthritis

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This report investigates the value of so-called 'treat-to-target' (TTT) strategies in patients with rheumatoid arthritis (RA). Patients with RA, together with the doctors who treat them, can jointly agree targets that they hope to achieve from treatment. TTT involves monitoring the condition of the patient and adjusting treatments in order to attempt to reach the target. TTT can involve a more intensive use of drug treatments and more frequent monitoring and treatment adjustments than normal care. A systematic literature review was conducted to identify relevant existing studies. Sixteen studies were found. Eleven studies were in patients who had RA for < 3 years, three studies were in patients who had RA for > 3 years and two studies mixed both sets of RA patients. The evidence for the benefit of TTT strategies in reducing the severity of RA is mixed and it is difficult to draw strong conclusions. The studies we identified often compared TTT strategies that differed from each other in terms of the drugs and doses that patients received. However, there is some evidence that TTT works better than usual treatment, in terms of the numbers of patients achieving remission, particularly in those who have had RA for < 3 years. In patients with more established disease we found some limited evidence that TTT works better in terms of patients achieving low disease activity.

We also estimated that, in early disease, TTT strategies are likely to offer good value for money.

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