Rheumatoid Arthritis – Treatment Pathway Overview

Treat-to-Target Principles Aim for remission (DAS28 <2.6) or low disease activity (DAS28 <3.2) within 3-6 months, adjusting q1-3 months. Use composite scores (DAS28, CDAI) for objective monitoring; shared decisions incorporate patient-reported outcomes.

Conventional DMARDs Overview

- **Methotrexate (MTX): Anchor therapy (oral/SC, 7.5-25 mg/week); inhibits folate metabolism, reduces inflammation.**
- **Others: Hydroxychloroquine (antimalarial, mild disease), sulfasalazine/leflunomide (purine/pyrimidine synthesis inhibitors). Combinations for moderate activity.**

Biologic and Targeted Synthetic Agents For MTX inadequate response:

- **TNF inhibitors: Block TNF-α (e.g., etanercept class).**
- **IL-6 inhibitors: Target IL-6 pathway.**
- **B-cell depleters: Anti-CD20.**
- **T-cell costimulatory blockers: Abatacept class.**
- **JAK inhibitors: Oral tsDMARDs inhibiting JAK-STAT (for moderate-high activity). Sequence based on safety profile.**

Monitoring Disease Activity and Adjusting Therapy

- **Baseline: Labs (CBC, LFTs, RF/ACPA), X-rays; q1-3 months: Tender/swollen joint counts, ESR/CRP, patient global assessment.**
- **Adjust: Escalate if no 50% improvement at 3 months; de-escalate in sustained remission (taper to MTX monotherapy).**

Considerations for Comorbidities and Safety

- **Screen for TB/hepatitis before biologics; monitor infections (higher with JAKi/TNF).**
- **CVD: Optimize lipids/BP; prefer agents without metabolic effects.**
- **Pregnancy: Pause biologics; MTX contraindicated.**

References

- **Smolen JS, et al. EULAR RA management recommendations 2022. Ann Rheum Dis. 2023.**
- **Fraenkel L, et al. ACR RA Guideline, 2021.**