

# Comparison of patients in different Rheumatologist settings – Results from Ontario Best Practice Research Initiative

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## Key Words

Rheumatoid Arthritis, Academic Medical Centre, Community Medical Centre, OBRI

**Background:** The objective of this study was to compare the characteristics, medication use and disease activity among rheumatoid arthritis (RA) patients from different rheumatology practices.

**Methods:** Data was collected from the Ontario Best Practice Research Initiative (OBRI), a clinical registry of RA patients. Physician's practices were organized into three groups: university, community or mixed. A university setting was defined as having: its Research Ethics Board (REB) located at a hospital; the physician worked in a teaching hospital and/or mentored students. A community setting had its REB at a location other than a hospital and/or the physician practiced in a community center. A mixed setting had the physician affiliated to a hospital, but they practiced in the community. Baseline demographics, socioeconomic status and medication use were compared between the three groups using chi-squared tests and ANOVA. Disease activity was compared after adjusting for age, sex and RA duration by using generalized linear models.

**Results:**

Out of 1583 RA patients, 512 (22.21%) were based in the university setting, 1071 (46.46%) were based in the community setting and 722 (31.32%) were based in the mixed setting. Patients in the university setting were younger, more educated, wealthier and had longer RA duration ( $p < 0.001$  for all). These patients used significantly less DMARD monotherapy, but more DMARD combination therapy. The proportions of patients on biologics were 17% in the community, 21% in the mixed and 31% in the university setting. The patients in the mixed setting were the older group with higher prevalence of gastrointestinal problems. Overall, disease activity was higher in mixed patients. The university patients had slightly higher disease activity, compared to the community patients, but it was not statistically significant.

**Conclusions:**

The treatment patterns and disease activity appears to be different between RA patients from different practice locations.