

OBRI at 10 years – what have we learned?

We would like to express our deep gratitude to all participants in OBRI. Your efforts and dedication have contributed to these, and future, findings.

Predictors of Anti-Rheumatic Medication Adherence in OBRI cohort

OBRI patients are more likely to remain on their RA medications if they have other diseases/conditions. Married patients are also more likely to remain on their RA medications. However, when the disease is more severe and when patients are on multiple RA medications patients are more likely to stop their RA medications.

In patients who have had a relapse, what are the predictors of recapturing remission?

Clinical remission in routine care is achievable but relapses to states of low or moderate disease activity are common and may last several months. Recapturing remission after a relapse appears possible but occurs at a lower frequency than initial remission.

Defining primary and secondary non-response in OBRI cohort

Rheumatologists' decision to discontinue a drug treatment for lack of efficacy is not always based on established measures of disease activity.

Impact of concomitant use of DMARDs on first biologic durability in OBRI cohort

Half of the OBRI patients are still on their biologic at year 4. OBRI patients taking a DMARD (Disease-Modifying Anti-Rheumatic Drug) with their first biologic are more likely to stay on their biologic compared to patients not taking a DMARD.

Pain medications reported in OBRI cohort

80% of OBRI patients report using at least one pain medication in addition to their RA therapies. The most commonly reported pain medication is NSAID monotherapy (41%), followed by opioid analgesics (16%), non-opioid analgesics (16%), antidepressants (14%), benzodiazepines (8%) and anti-epileptics (6%).

Biologic Use in OBRI Cohort

Biologic use in the OBRI cohort has increased from 23% in 2008 to 44% in 2015. There has also been a change in the proportion of TNFs vs anti-TNFs being used over this time period, with a decrease of 31% in TNFs and an increase of 33% in non-TNFs.

Attrition Rates in OBRI

OBRI participants are less likely to drop out when compared to similar RA registries. Their continued participation may be attributed to the frequent follow up by OBRI telephone interviewers as well as the dedicated commitment of participating rheumatologists and the insights provided by the Patient Advisory Committee.

Cardiovascular disease in OBRI cohort

One in six OBRI patients reports cardiovascular disease. These patients also report more severe RA disease and more difficulty functioning day to day.

Disease activity and depression in OBRI cohort

25% of patients who participate in OBRI report depression. Depression occurs more frequently among patients with more severe RA.

Socioeconomic factors in OBRI cohort

OBRI patients with higher household income respond to treatment earlier.

OBRI patients living alone are less likely to have a sustained response to treatment.

Disease Activity Patterns

30% of RA patients in the OBRI cohort present with new onset disease. For these patients, transitions from high disease activity to low activity states occur rapidly and a steady state is reached after the first 12 months.

The influence of age at disease onset on disease activity and disability

Patients with late onset rheumatoid arthritis (age at RA onset ≥ 60 years of age) have different clinical characteristics with greater disease severity at baseline compared to younger counterparts (age at RA onset < 60 years of age). Despite this, early and initial treatment is less aggressive in late onset RA patients.

PATIENT INFORMATION SESSION: Saturday, June 2, 2018 (9:30am-12:30pm)

You are invited to learn more about our latest research and to meet members of the OBRI team.

Attendance options:

1. in person at Toronto General Hospital, 200 Elizabeth Street, Eaton North, Room 1-430 (EN1-430)
2. join the meeting remotely from your computer, tablet or smartphone:
<https://global.gotomeeting.com/join/614640765> (Access Code: 614-640-765)

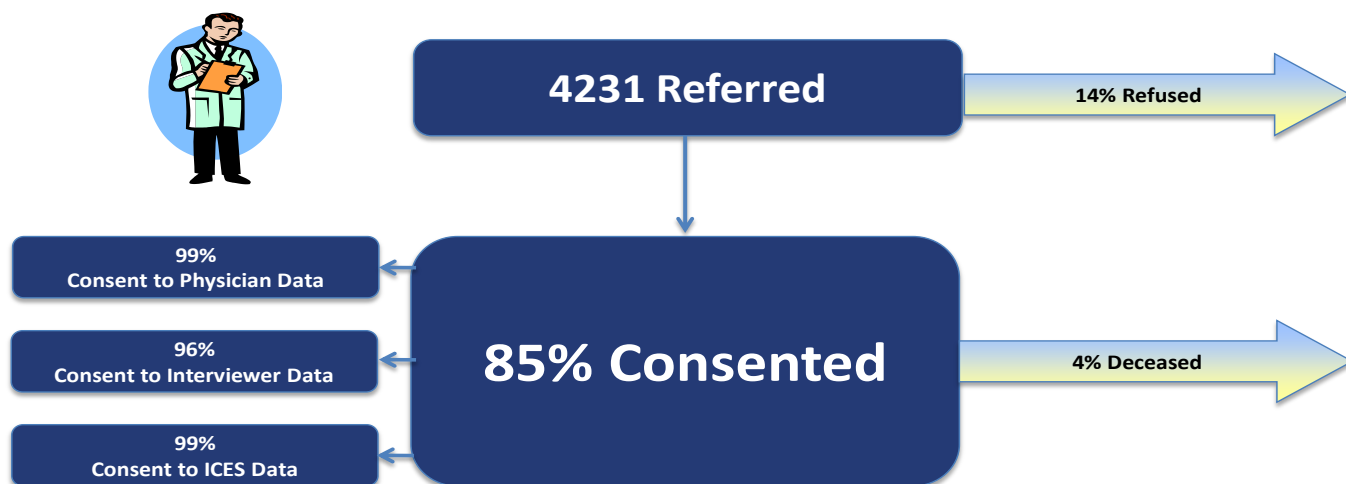
Please register in advance for the meeting and feel free to bring a guest:

☎: 1-866-213-5463

✉: OBRI@uhnres.utoronto.ca

🌐: <http://www.obri.ca/obri-patient-information-session-registration-form-2018/>

Recruitment Activity (as of December 31, 2017)



Patient profile at enrollment into OBRI (as of January 19, 2017)

As Reported by Rheumatologist		As Reported by Interviewer	
Female	78%	Age at symptom onset	45.5 years
Age (years)		Age at RA diagnosis	47.6 years
18-34	5%	Family history of RA (yes)	28%
35-44	11%	Married/common law (yes)	68%
45-54	21%	Live alone (yes)	15%
55-64	26%	Education college/university (yes)	56%
≥ 65	36%	Annual household income ≥50K	57%
Mean age	57.6 years	Private insurance coverage	67%
Early RA	32%	Presently smoke/ever smoked	55%
Duration of disease	8.3 years	Employed full/part-time ≤ 65 yrs of age	58.4%