

FOCUS ON RESEARCH

TRIPLE THERAPY IN EARLY ACTIVE RHEUMATOID ARTHRITIS (TEAR TRIAL)

Researchers

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Aim

To study whether triple therapy with methotrexate, sulfasalazine and hydroxychloroquine is more effective than current 'best practice' in the treatment of early rheumatoid arthritis.

Project Outline/Methodology

Current 'best practice' in the treatment of early rheumatoid arthritis involves frequent patient review, careful assessment of disease activity, the use of steroid joint injections and the intensive use of disease modifying anti-rheumatic drugs in patients with persistent disease activity. This is sometimes described as an 'intensive step-up' strategy.

The TEAR trial was a prospective, randomised controlled trial over 12 months in patients with early active rheumatoid arthritis. Patients were either treated with 'triple therapy' or a 'step up' strategy. The improvement in the patients' disease activity was measured using a Disease Activity Score, and the number of patients responding well, or entering remission was recorded. The impact on patients' physical function and quality of life was measured.

Key Results

Both groups responded very well to therapy with marked improvement in disease activity, physical function and quality of life. 33-45% of patients were in remission after one year. There were no significant differences in outcome between the two groups.

Conclusions

The use of triple therapy from the outset affords no advantages over the current 'best practice' which uses a step-up strategy.

What does this study add to the field?

Using a 'step-up' strategy allows rheumatologist to use monotherapy alone in patients who respond to this therapy, but to 'step-up' to combination therapy in the patients with the most severe disease. It was possible that using triple therapy in all patients would have resulted in better outcomes, but the TEAR trial

has shown that in fact starting with triple therapy is no better than current 'best practice.'

Implications for Practice or Policy

Patients should continue to be treated with an intensive 'step-up' strategy

Where to next?

The benefits of intensive management of patients with active rheumatoid arthritis has now been demonstrated in two research projects. It needs to be shown that the same benefits can be demonstrated in routine clinical practice. The long term impact of intensive management strategies on work disability and the need for joint replacement surgery needs to be studied. Further research is also needed on the optimal use of anti-rheumatic drugs - are there other combinations of disease modifying anti-rheumatic drugs that should be used? Is there a role for anti-TNF therapy in early rheumatoid arthritis?

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