

# JOINT COUNTS™

The Corrona Rheumatology Patient Newsletter

Vol. 4 | Spring 2018

## ~THE SCOOP ON THE LATEST RA RESEARCH~

### ✓ A SPECIAL REPORT ON RA

✓ THE 411 ON QOLS ✓ OPIOID USE IN THE U.S. ✓ DID YOU KNOW? ✓ CROSSWORDS

### THE ABCs of QOLs

Quality of Life is a general term used to describe aspects of an individual or group that pertain to standard of health and living and overall well-being that may be either positive or negative. The Corrona® RA Registry patient questionnaires use measures called health-related Quality of Life (HRQOL) to determine an individual's perception of their physical and mental health while living with RA. These questions can be found on every Corrona Enrollment and Follow-up Subject Questionnaire. Corrona researchers collect these measurements at routine clinic visits to better understand how patients are performing long term and the possible relationship between taking certain medications to treat your disease and managing your RA. The HRQOL questions are divided into sections which address specific categories that are important to RA patients like walking, self-care, anxiety/depression, etc.

#### 10. Would you say you have:

- |  |  |  |
|--|--|--|
| A. <input type="radio"/> No problems in walking about?   | <input type="radio"/> Some problems walking about?                         | <input type="radio"/> Are you confined to bed?                         |
| B. <input type="radio"/> No problems with self-care?   | <input type="radio"/> Some problems washing or dressing yourself?          | <input type="radio"/> Are you unable to wash or dress yourself?        |
| C. <input type="radio"/> No problems with performing your usual activities (for example work, study, housework, family or leisure activities)? | <input type="radio"/> Some problems with performing your usual activities? | <input type="radio"/> Are you unable to perform your usual activities? |
| D. <input type="radio"/> No pain or discomfort?  | <input type="radio"/> Moderate pain or discomfort?                         | <input type="radio"/> Extreme pain or discomfort?                      |
| <b>Would you say you are:</b>  |  |  |
| E. <input type="radio"/> Not anxious or depressed?   | <input type="radio"/> Moderately anxious or depressed?                     | <input type="radio"/> Extremely anxious or depressed?                  |

*Example of HRQOL questions from the RA Subject Follow-Up Questionnaire*

More broadly, QOL questions and surveys are used in a variety of settings, such as part of an intake for a new provider or to capture how specific populations, i.e. children, may respond to a type of program or treatment. Academic, civic, and/or health researchers can determine how QOLs are defined depending on what groups the questions target. In any case, QOLs can be used to evaluate how well or how poorly individuals and communities are responding to policies and practices that shape overall health and life quality outcomes.

#### HRQOL Outcomes in Recent Corrona RA Research

Patients who have RA can experience low or poor quality of life because of the burden of pain or fatigue and may also deal with other diseases and impairments. Corrona has published two recent findings that looked at certain medications and their impact on HRQOL measures.

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### **The impact of monoclonal antibodies as RA therapy**

Monoclonal antibodies are sometimes used as an infusion therapy. These therapies are prescribed along with methotrexate to treat active RA symptoms when other types of medications called tumor necrosis factor inhibitors (TNFi) have failed to work well. The purpose of this study was to look at HRQOLs, along with other patient related outcomes (PROs), one year after patients started monoclonal antibody therapy. Data from 667 patients were included in the study whose first-time starting the therapy occurred from March 2006 to September 2015. All patients showed improvement in reported HRQOLS and PROS from the time of initiation of the monoclonal antibody therapy to the study end, and 30% of patients achieved low-disease activity or remission (Harrold, John, Best, et al 2017).



### **Biologics and Clinical Outcomes**

Another study looked at an injectable biologic drug that suppresses the immune system. A biologic drug is a product that is produced from living organisms or contain components of living organisms. Biologics include recombinant proteins, tissues, genes, allergens, cells, blood components, blood, and vaccines (see Table 1 for a list of FDA-approved biologics).

Like the monoclonal antibody drug, this biologic is a type of therapy that is prescribed after patients have not responded well to other types of drugs. It can be given alone or in combination with methotrexate, or other DMARDs (Disease-Modifying Antirheumatic Drugs). The biologic study examined several clinical outcomes for patients and measured changes from baseline to the one-year end of the study period. Of the 255 patients that participated, about 49% had taken at least one other biologic medication. Because biologics are typically prescribed when patients have longer standing disease, patients on these drugs tend to be older and have more disability and functional impairment than those who are beginning to take other types of biologics.

By the end of the study, patients reported improvement in many areas. For example, over half (54%) of the patients reported improvement in morning stiffness. The Clinical Disease Activity Index or CDAI is a score used by researchers that includes joint assessments and an overall rating to determine the level of disease activity for a patient at a visit. At the end of the study, 31% had low disease activity and over 11% of patients achieved remission. Patients also had improvement in all five HRQOL sections, including 33% improvement in anxiety/depression (Harrold, John, Reed, et al 2017).

Both studies suggest that the use of advanced therapies can improve quality of life for RA patients. The use of HRQOL questions continues to provide Corrona Investigators with invaluable insights into how patients are doing when they are seen by their providers during routine clinical encounters. Data from these types of questions, along with other patient-reported outcomes, help advance Corrona's mission to improve patient care.

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### **Framing the Opioid Crisis**

Opioids are a class of drugs that have been historically used to treat acute pain: think 19<sup>th</sup> century dysentery (severe diarrhea cause by infections). They target nerve endings in the brain and central nervous system which bring relief from pain and can induce feelings of pleasure and ease.

Nowadays, it has become more common to use opioids to treat chronic pain conditions.



According to the National Institute on Drug Abuse (NIDA), regular use of opioids can lead to dependence, overdose, or death, even when prescribed by doctor. While long-term research on opioid use is still needed, drug overdose remains the leading cause of accidental death in the US. In 2016, there were more than 20,000 overdose deaths related to prescription pain relievers. Opioid use is believed to be the driving force behind this trend.<sup>2</sup>

Is there a way to examine any features and patterns of prescription opioid use in large populations? Researchers posed this type of question in targeting patients with RA to look at trends in short and long-term opioid use. They discovered that "...in the average rheumatologist's practice, 40% of RA patients used prescription opioids regularly." Other factors related to regular opioid use included being female, fibromyalgia, anxiety and depression, and back pain.<sup>3</sup>

Opioid use in older RA patients peaked in 2010 and is slightly decreasing.<sup>3</sup> Propoxyphene, a commonly prescribed opioid, was linked to dangerous risks of developing arrhythmia. Thus, in 2010, the FDA pulled propoxyphene from the market. However, this withdrawal did little to impact overall opioid use. Why? Because propoxyphene was replaced by other types of opioid-containing medications.

To learn more information about and research reports on opioids and prescription drug misuse visit the NIDA website at <https://www.drugabuse.gov/>.

### **References**

<sup>1</sup>National Institute on Drug Abuse (NIDA). Opioids. <https://www.drugabuse.gov/drugs-abuse/opioids>. Accessed February 13, 2018.

<sup>2</sup>American Society of Addiction Medicine. <https://www.asam.org/docs/default-source/advocacy/opioid-addiction-disease-facts-figures.pdf>. Accessed February 13, 2018.

<sup>3</sup>Curtis JR, Xie F, Smith C, et al. (2017), Changing Trends in Opioid Use Among Patients with Rheumatoid Arthritis in the United States. *Arthritis & Rheumatology*, 69:17330-1740. doi :10.1002/art.40152.







These advances include more-aggressive treatment with drugs such as Rheumatrex<sup>fi</sup> (methotrexate), first developed to treat certain types of cancer and now used at much lower doses to treat RA, as well as drugs known as biologics. Biologics are agents designed to inhibit components of the immune system that play a role in the inflammation associated with RA; Remicade<sup>fi</sup> (infliximab) and Rituxan<sup>fi</sup> (rituximab) are two examples. Also on the research agenda, according to Dr. Matteson, is the search for more-effective therapies for RA, or, as he says, drugs that really turn off disease.

Investigation into ways to predict who's likely to develop RA is also a priority, as this is the first step toward prevention. More understanding of the genetics and the biomarkers associated with the disease will likely hold the key to accurate prediction. Researchers are also looking into ways to determine disease prognosis so that therapy may be appropriately tailored for each patient according to the predicted severity of the disease. This, Dr. Matteson explains, will help doctors avoid prescribing overly aggressive treatment for less severe disease. Along the same lines, he says, is research to further individualize therapy by determining which drugs are likely to work best for which patients.

The most positive news Dr. Matteson cites from the RA research community is that experts are starting to see the possibility of a cure. "We are working toward discovering a cure," he says, noting the significance of acknowledging this goal when, until recently, a cure was not even considered possible.

## LIVING WITH RA NOW

Though it's exciting to think about research advances on the horizon, the needs of individuals currently living with RA remain a primary concern within this community. Advocate Kelly Young has found that living with RA comes with challenges beyond the pain, complications, and disability that the disease can cause.

One of the noteworthy hurdles faced by RA patients is the widespread misunderstanding about RA among the general public. Because the symptoms aren't always visible, it can be difficult for others to comprehend the severity of the disease. Individuals with RA can have many symptoms including severe pain and disability that are mostly invisible. This makes living with RA appear less complicated and painful than it actually is. Individuals with RA may experience significant psychosocial issues and express frustration because RA can be very debilitating—taking away an individual's ability to do things they need to do on a daily basis—yet people believe there's nothing wrong with them.

Patients often describe a diagnosis of RA as a huge new life that's very unwelcome. The combination of medications and symptoms and side-effect management

can be so demanding it is essentially, an additional part-time job, which can consume an overwhelmingly large part of a patient's life.

Several websites now exist that provide useful information for coping with RA and a community for those affected by the disease. The online communities are essential in that they provide a safe and secure place where individuals can connect with others to compare treatments, offer support, and share information and solutions to every day problems.



## RA OUTLOOK IS IMPROVING

If there's one message coming from the RA community, from both research and advocacy, it's that the outlook is ever improving. With the combination of advances in treatment and understanding of RA and improved access to information and support networks, it appears that those affected by the disease have cause to be optimistic. **B**

### RA COMMUNITIES AND RESOURCES

- [theRAconnection.com](http://theRAconnection.com)
- [Rheumatology.org](http://Rheumatology.org)

Visit  
**TheRAConnection.com**  
 for a Complimentary  
 Subscription to  
**WOMEN**  
*Total Health & Wellness*



## Did You Know?

By now, you've probably heard the virtues of Omega-3 Fatty Acids praised as the good type of fat essential to a balanced diet. Your body cannot make them, so you need to get them from foods. Certain types of fish and seafood provide an excellent source for these nutrients. There have been several studies demonstrating that consuming fish oil can decrease joint pain and stiffness in folks with RA. But, did you know that anchovies—yes, anchovies—contain 3.4 grams of omega-3 fatty acids in a six ounce serving?

So, forget about holding the anchovies on your next pizza. Try this delicious, comforting, and easy-to-make fish stew steeped in Mediterranean-inspired flavor!

Source: **New York Times Cooking**

# Easy Fish Stew With Mediterranean Flavors

By Martha Rose Shulman

**YIELD** Serves four

**TIME** 1 hour 15 minutes

## INGREDIENTS

**4 large garlic cloves, cut in half, green shoots removed**

**4 anchovy fillets, soaked in water for 4 minutes, drained and rinsed**

**2 tablespoons extra virgin olive oil**

**1 large onion, chopped 1 celery rib, chopped**

**1 medium carrot, chopped**

**Salt, preferably kosher salt, to taste**

**1 (28-ounce) can chopped tomatoes, with liquid**

**1 quart water**

**1 pound small new potatoes, scrubbed and quartered or sliced**

**A bouquet garni made with a bay leaf, a strip of orange zest, a couple of sprigs each thyme and parsley, and a dried red chili if desired, tied together with a string**

**Freshly ground pepper**

**1 to 1 ½ pounds firm white-fleshed fish such as halibut, tilapia, Pacific cod or black cod, cut in 2-inch pieces**

## PREPARATION

### Step 1

Place the garlic cloves and 1/4 teaspoon salt in a mortar and pestle, and mash to paste. Add the anchovy fillets and mash with garlic. Set aside.

### Step 2

Heat the olive oil over medium heat in a large heavy soup pot or Dutch oven, and add the onion, celery and carrot with 1/2 teaspoon salt. Cook, stirring, until the onion is tender, about 5 minutes. Add the pureed garlic and anchovy. Cook, stirring until the mixture is very fragrant, about one minute, and then add the tomatoes. Cook, stirring often, until the tomatoes have cooked down a bit and the mixture smells aromatic, about 10 to 15 minutes. Add the water, salt (to taste) and the bouquet garni. Bring to a simmer, Turn the heat to low, cover partially and simmer 30 minutes. Taste, adjust salt and add pepper to taste. Remove the bouquet garni.

### Step 3

Season the fish with salt and pepper, and stir into the soup. The soup should not be boiling. Simmer five to 10 minutes (depending on the thickness of the fillets) or just until it flakes easily when poked. Remove from the heat, stir in the parsley, taste once more, adjust seasonings and serve.

### Tip

*Advance preparation: You can make this through step 2 up to three days ahead. Keep in the refrigerator, bring back to simmer and proceed with the recipe.*



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## ~CROSSWORD BONANZA~

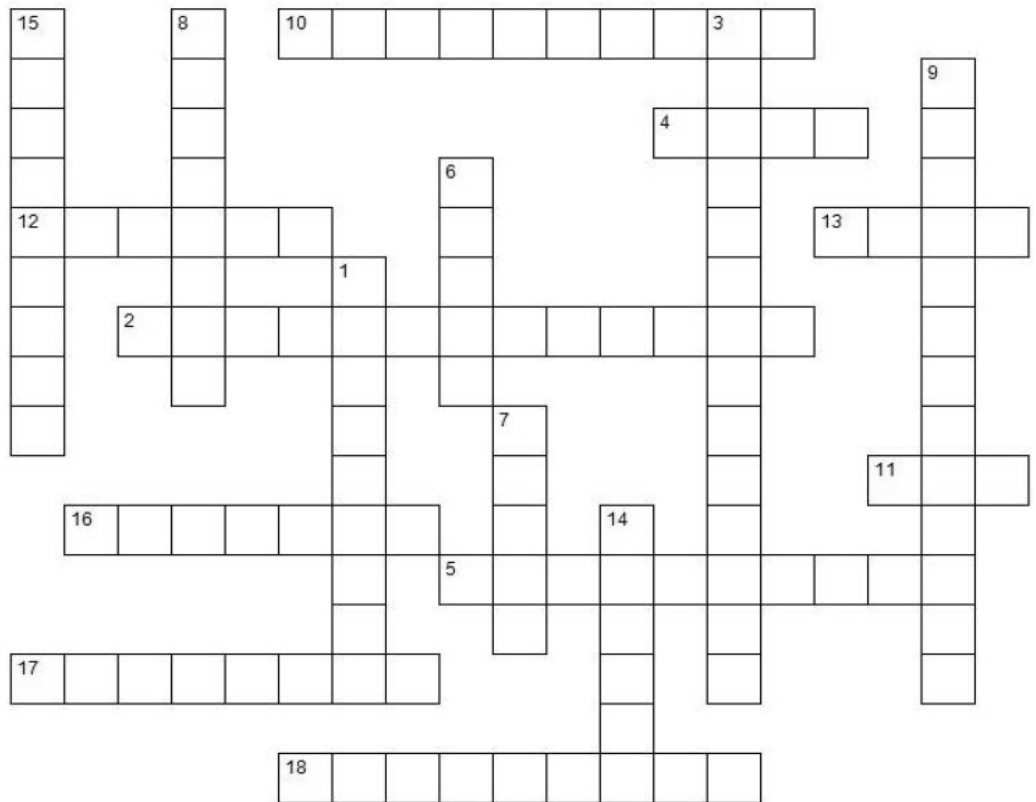
The ABCs of QOLs continued from page 2

### List of FDA-approved biologics used to treat RA

abatacept (Orencia)
adalimumab (Humira)
anakinra (Kineret)
certolizumab (Cimzia)
etanercept (Enbrel)
golimumab (Simponi)
infliximab (Remicade)
sarilumab (Kevzara)
tocilizumab (Actemra)
tofacitinib (Xeljanz)
tofacitinib (Xeljanz XR)

Table 1 Drug name (brand name)

Try your hand at this crossword puzzle containing clues straight from this issue of Joint Counts™!



#### Across:

- complete this at a registry visit
- hearty dish of meat and vegetables
- drug given through the skin
- take this to treat a disease
- Omega-3 is a good type
- pain reliever
- what opioids are prescribed for
- risk factor for RA
- take an excessive amount of a drug
- severe diarrhea

#### Down:

- wake up in the morning with this
- disorder of joint wear & tear
- abbrev for qual of life measure
- some people have pain here
- registry visit after enrollment
- region between Europe and N. Africa
- not male
- tiny fish (plural)

#### ANSWERS

Across:

2. questionnaire 4. stew 5. injectable 10. medication 11. fat 12. opioid 13. pain 16. pain 17. overdose 18. dysentery

Down:

1. stiffness 3. osteoarthritis 6. hrgol 7. joint 8. followup 9. Mediterranean 14. female 15 anchovies