Reply to: Biological Therapy in Patients with Rheumatoid Arthritis in a Tertiary Center in Portugal: A Cross-Sectional Study

Resposta a: Artrite Reumatóide em Doentes Submetidos a Terapêutica Biológica num Centro Terciário de Referenciação em Portugal: Um Estudo Transversal

Keywords: Arthritis, Rheumatoid/drug therapy; Biological Products/therapeutic use; Biological Therapy
Palavras-chave: Artrite Reumatoide/tratamento farmacológico; Biológicos/uso terapêutico; Terapia Biológica

Dear Editor,

The article by Fernandes *et al*[1] aimed to assess disease status and quality of life (QoL) in rheumatoid arthritis (RA) patients treated with biological disease-modifying antirheumatic drugs (bDMARDs). Given the relevance of the subject, we would like to raise some questions and point out some aspects we believe to be pivotal for the conclusions drawn by the authors. First, the small number of patients enrolled is an important limitation which, surprisingly, is not mentioned as a limitation of the study. Given the large number of variables included, 77 patients seems insufficient to yield reliable and precise estimates, and results need to be interpreted very carefully.

We acknowledge the role of bDMARDs in the treatment of RA, but it should be stressed that the treat-to-target-based (T2T) approach is not dependent on these drugs. In fact, this strategy implies an early diagnosis and treatment, which should start with methotrexate (MTX) (unless contraindicated).[2] Therefore, although bDMARDs are of unquestionable value, they are not the first-line treatment, and T2T does not rely solely on biological therapy. When examples of bDMARDs are mentioned, IL-17 inhibitors are named, but it should be pointed out that IL-17 inhibitors are not approved for RA treatment. Moreover, given the number of guidelines available, we do not understand what the authors imply when they state that most therapeutic decisions are considered to frequently remain empirical.

Given the importance of joint involvement in RA, why were hand and wrist deformities only assessed in a subset of patients? What kind of deformities were considered? The lack of detail regarding this subject also limits the conclusions drawn concerning the efficacy of biological drugs on hand deformity and disability prevention.

Since bDMARDs are more effective in RA when combined with MTX, how do the authors justify such a large reduction in patients taking MTX after the onset of bDMARDs (from 95% to 22%)? How do the authors explain the greater reduction in MTX compared to steroids, considering steroids should be the first drug to be tapered?

Noteworthy was the fact that three patients (5% of the sample) were in disease remission when they were started on bDMARDs. It could be interesting to discuss why these patients were started on bDMARDs.

Finally, could we truly consider that biological therapy allowed a significant reduction in corticosteroid use when 30% of the recall cohort is still on this treatment? Likewise, can we infer that there is a therapeutic benefit of biological therapy when only 37 of 77 patients are in remission or have low disease activity?

AUTHORS CONTRIBUTION

JRR: Draft of the paper.

DSF, CA and JTC: Critical review and approval of the final version of the paper.

PROTECTION OF HUMANS AND ANIMALS

The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association updated in 2013.

DATA CONFIDENTIALITY

The authors declare having followed the protocols in use at their working center regarding patients' data publication.

COMPETING INTERESTS

The authors have declared that no competing interests exist.

FUNDING SOURCES

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

REFERENCES

1. Fernandes M, Figueiredo A, Oliveira AL, Ferreira AC, Mendonça P, Taulaigo AV, et al. Biological therapy in patients with rheumatoid arthritis in a tertiary center in Portugal: a cross-sectional study. Acta Med Port. 2021;34:362-71.
2. Smolen J, Landewé R, Bijlsma J, Burmester G, Dougados M, Kerschbaumer A, et al. EULAR recommendations for the management of rheumatoid arthritis with synthetic and biological disease-modifying antirheumatic drugs: 2019 update. Ann Rheum Dis. 2020;79:685-99.

Joana Ramos RODRIGUES✉[1], Daniela SANTOS-FARIA[1], Carmo AFONSO[1], José TAVARES-COSTA[1]
1. Serviço de Reumatologia. Hospital Conde de Bertiandos. Unidade Local de Saúde do Alto Minho. Ponte de Lima. Portugal.
Autor correspondente: Joana Ramos Rodrigues. joanarodrigues_90@hotmail.com
Recebido: 06 de maio de 2021 - **Aceite:** 06 de maio de 2021 - ***Online issue published*:** 01 de julho de 2021

https://doi.org/10.20344/amp.16513