INAHTA Briefs

Issue 2006/06

Title **The British Rheumatoid Outcome Study Group (BROSG) Randomized Controlled Trial to Compare the Effectiveness and Cost Effectiveness of Aggressive Versus Symptomatic Therapy in Established Rheumatoid Arthritis**

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Reference Health Technol Assess 2005;9(34). Sept 2005. www.ncchta.org/execsumm/summ934.htm

Aim

To examine the effectiveness and cost effectiveness of symptomatic versus aggressive treatment in patients with established (>5 years disease) stable rheumatoid arthritis (RA).

Conclusions and results

Significant deterioration was found in the healthcare assessment questionnaire (HAQ) score in both arms. No significant difference was found between the treatment arms for any of the primary or secondary outcomes except for the physician global assessment (adjusted mean difference 3.76 (95% CI 0.03, 7.52)) and the OSRA disease activity component (adjusted mean difference 0.4 (95% CI 0.01, 0.71)), both favoring the aggressive treatment arm. The symptomatic arm was associated with higher costs and higher quality adjusted life years (QALYs) gained. There was a net cost of £1517 per QALY gained for the symptomatic arm. Overall symptomatic treatment is likely to be cost effective in 58% to 90% of cases. Patients with stable, established RA continue to deteriorate despite treatment.

Recommendations

The trial showed no benefit of aggressive over symptomatic treatment in these patients. Patients in the symptomatic arm were able to initiate changes in treatment when indicated. Approximately one third of current clinic attenders with RA could be managed in a shared care setting with annual review by a rheumatologist.

Methods

Consenting patients were randomized to either symptomatic or aggressive therapy. Symptomatic therapy aimed to relieve all symptoms of pain and stiffness using analgesics, nonsteroidals, traditional disease-modifying, antirheumatic therapy (DMARD), and steroids as necessary. The symptomatic arm was delivered predominantly in the community by a rheumatology nurse with annual review by a consultant rheumatologist. Aggressive therapy aimed to relieve symptoms and signs of joint inflammation and to keep the C-reactive protein (CRP) below twice the upper limit of normal. The aggressive arm was delivered in the hospital clinic. All patients completed a diary that was used in the economic analysis.

Further research/reviews required

The following questions should be addressed:

- Patients with stable, established RA might benefit from even more aggressive treatment, eg, with one of the new anti-TNF drugs.
- Patients managed in shared care might not need regular visits from a rheumatology nurse. Telephone contact might suffice.

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ISSN 1653-5316