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Title **Rheumatoid Arthritis – Health Technology Assessment of Diagnosis and Treatment**

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Aim

In Denmark, about 35 000 persons are affected by rheumatoid arthritis (RA). Traditional treatment encompasses pharmacotherapy with slow-acting anti-rheumatic drugs, joint surgery, physiotherapy, occupational therapy, psychological therapy, and patient education. The appearance of a new type of biological anti-rheumatic drug precipitated the need for a broad assessment – not only of the new drugs, but covering the entire treatment spectrum.

Conclusions and results

Traditional drugs reduce disease activity in most RA patients. The effect is improved by early and intensive treatment. Insufficient effect is found in 10% to 20% of the patients treated by rheumatologists. The new drugs, besides having a rapid effect on symptoms, diminished or arrested the development of joint erosion. Staff requirements and costs are at least twice as high for Model I (new drugs for all patients treated for RA) as Model II (new drugs only for non-responders to traditional drugs). Non-medical treatments do not affect the disease itself, but are mainly effective in relieving symptoms.

Recommendations

At present, based on the evidence and an overall assessment, the expert group recommends Model II as the best basis for RA treatment – combined with efforts to improve early referral to specialists and early diagnosis. (Some countries, eg, England, have similar limitations on the use of the new drugs.)

Further recommendations are:

- Centralization of new drug treatment to a single rheumatology department at one hospital in each of the 14 Danish counties.
- Improvement of early diagnosis, eg, better informed GPs, immediate referrals to specialists, and prompt first appointments.
- Equal access to relevant physiotherapy, occupational therapy, and surgical evaluation – even for patients living in outlying districts.
- Establishment of a national clinical database for patients on treatment with new drugs.

Methods

The HTA, carried out by an interdisciplinary group of 20 experts, included systematic literature reviews of clinical effectiveness and patient aspects (including ranking of evidence) and evaluations of organizational and economic consequences. Two alternative management models structured the analyses: new drugs for all patients treated for RA (Model I) and new drugs only for non-responders to traditional drugs (Model II).

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