



DESCRIPTION OF RHEUMATOID ARTHRITIS PATIENT'S PROFILE WHO MAINTAIN PERSISTENT DISEASE ACTIVITY

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BACKGROUND

Rheumatoid arthritis (RA) is a chronic inflammatory disease that can lead to joint destruction, with loss of functionality and quality of life. It predominates two to three times more in women and those between 40-60 years of age. The treatment aims to achieve and maintain remission through the use of conventional or target-specific synthetic disease course modifying drugs or immunobiological, and disease activity can be measured through the Disease Activity Score 28 (DAS-28), which includes the general status perception scale (VAS), influenced by subjective factors, in addition to the number of painful, swollen joints and the result of inflammatory tests.

MATERIALS AND METHODS

A cross-sectional study was carried out through a review of the medical record with the selection of 14 patients with RA with moderate or high activity disease in the beginning of 2017 and who remained this way for the following 12 months. To evaluate the disease activity, the DAS 28 was used, with a cut-off value greater than or equal to 3.2. After delimitation of the sample, data were collected to analyze the profile of patients

RESULTS

The mean time of disease was 19 years, with a higher prevalence of females (93%) than males (7.1%). Mean age was 59 years. In 79% of cases the rheumatoid factor was positive. Regarding comorbidities, 64% of patients presented two or more and 21% four or more comorbidities; the most prevalent were osteoporosis in 57% and arterial hypertension in 46%. Depression fibromyalgia and anxiety were not present. We observed that the patients who remained active during the study period had very similar mean DAS 28 and VAS. At the beginning of 2017, the values found were 4.25 and 5.43, respectively, and in the subsequent 12 months, 4.11 and 6.07. All patients were using biological agents, with a mean of two medications and a range of 1 to 5 drugs. In a balanced manner, the use of adalimumab, abatacepte and infliximab corresponded to 36%, followed by etanercepte, tocilizumab rituximab, golimumab and certolizumab.

CONCLUSION

The results reflect the literature on sex prevalence and mean age. We found wide use of biologicals in the sample with maintenance of activity, which may correspond to the refractory nature of the disease in some patients, despite the wide therapeutic spectrum available. It is also important to emphasize that emotional factors did not seem to influence the disease control.