

# Should you take a combination of DMARDs for rheumatoid arthritis? Facts and decision aid

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## What is rheumatoid arthritis?

It is a disease in which the body's immune system attacks its own healthy tissues. The attack happens mostly in the joints of the feet and hands, causing redness, pain, swelling, and heat around the joint. There also can be damage to the bone and nearby tissues. The pain and damage from rheumatoid arthritis which may limit a person from daily routines at home and work and affects their well-being.

The pain and swelling sometimes gets worse and then gets better on its own. But, as the disease moves on or if it is moderate or severe rheumatoid arthritis and is not treated, it may result in:

- limits to daily routines
- long-term damage to joints
- deformed joints
- a need for surgery

## What can you do on your own to manage your disease?

- Rest and relax
- Hot or cold packs
- Keep fit
- Movement that puts less stress on joints (such as swimming or walking)

## What treatments are used for rheumatoid arthritis?

Four kinds of treatment may be used alone or combined. The common (generic) names of treatments are shown below:

### 1. Pain medicine, aspirin, and non-steroidal anti-inflammatory drugs (NSAIDs)

- Aspirin
- Ibuprofen
- Piroxicam
- Acetaminophen
- Indomethacin
- Rofecoxib
- Celecoxib
- Ketoprofen
- Sulindac
- Diclofenac
- Naproxen
- Tenoxicam
- Etodolac

### 2. Disease modifying antirheumatic drugs (DMARDs)

- Antimalarials
- Ciclosporin
- Parenteral gold
- Auranofin
- Leflunomide
- Penicillamine
- Azathioprine
- Methotrexate
- Sulphasalazine
- Chloroquine
- Minocycline
- Cyclophosphamide

### 3. Biologic agents

- Etanercept
- Adalimumab
- Anakinra
- Infliximab

### 4. Oral corticosteroids

- Prednisolone
- Prednisone

## What about other treatments you may have heard about?

There is not enough evidence about the effects of some treatments. Other treatments do not work. For example:

- Acupuncture
- Electropuncture
- Ultrasound
- Thermotherapy
- Electrical stimulation

## What are your choices? How can you decide?

Treatment for your disease will depend on your condition and your doctor's advice. You need to know the good points (pros) and the bad points (cons) about a treatment before you can decide.

When your doctor offers you a choice of disease modifying anti-rheumatic drugs (DMARDs) because other drugs are not working well enough, this guide may help you.

**Step 1: Be clear about the choice**

**What are the options?**

Should you take a combination of DMARDs?

**When does this choice have to be made? Check  one**

- Within days       Within weeks       Within months

**How far along are you with a choice? Check  one**

- You have not thought about it yet       You are thinking about the choices  
 You are close to making a choice       You have made a choice

**Step 2: Think about the pros and cons of the options**

**What does the research show?**

Blocks of 100 faces show the 'best guess' for what happens to 100 people who try a combination of DMARDs for 2 years. Each face ☹ stands for one person.

With methotrexate alone 	With a combination of DMARDs 
 <p><b>33</b> people may improve pain, stiffness, joint tenderness and swelling and overall disease a lot</p> <p><b>67</b> people may not improve a lot</p>	 <p><b>40 to 70</b> people may improve a lot (<u>7 to 37 more people than with methotrexate</u>)</p> <p><b>30 to 60</b> people may not improve a lot</p>
 <p><b>19</b> people may stop taking methotrexate due to side effects such as infections and stomach and intestinal problems</p> <p><b>81</b> do not stop their drugs due to side effects</p>	 <p><b>19</b> people may stop taking a combination of DMARDs due to side effects such as infections, stomach and intestinal problems and weight gain (same number as with methotrexate)</p> <p><b>81</b> do not stop their drugs due to side effects</p>

\*\*\*\* Ribbons show the strength of results from research studies.

-  **Platinum:** Research results from a well done review of 2 or more randomised controlled studies. Each study was well done and had at least 100 people in it.
-  **Gold:** Research results from at least one well done randomised controlled study that had at least 100 people in the study.
-  **Silver:** Research results from studies that were not as strong. There may have been too few people in the study or the study was not well done.
-  **Bronze:** Expert views and experiences, or cases of what happened to someone taking a treatment.

### What do you think of the pros and cons of a combination of DMARDs?

The information below is from 1 review and 10 more studies. These studies tested a combination of DMARDs in people with rheumatoid arthritis. The studies lasted up to 2 years.

1. Review the common pros and cons.
2. Add any other pros and cons that matter to you.
3. Show how much each pro and con matters to you. Circle one (\*) star if it matters a little to you and up to five (\*\*\*\*\*) stars if it matters a lot to you.

PROS AND CONS OF A COMBINATION OF DMARDs				
PROS	How much does it matter to you?		CONS	How much does it matter to you?
Improves pain, stiffness, joint tenderness and swelling and overall disease	* * * * *		Side effects: headache, rash, lung infections, stomach upset, diarrhea	* * * * *
More helpful than one DMARD on its own	* * * * *		More pills to take each day	* * * * *
Other pros:	* * * * *		Extra clinic visits and blood tests needed	* * * * *
			Cost of medicine	* * * * *
			Other cons:	* * * * *

### What do you think about taking a combination of DMARDs? Check one

You are willing to take this treatment  
Pros matter more to you than the Cons

Unsure

You are not willing to take this treatment  
Cons matter more to you than the Pros

### Step 3: What role do you want to have in choosing your treatment? Check one

- You prefer to choose on your own after listening to the opinions of others.
- You prefer to share the choice with: \_\_\_\_\_.
- You prefer someone else to choose for you, namely: \_\_\_\_\_.



**Step 4: Find out what else you need to help you make the choice**

<b>Facts</b>	Do you know which options you have?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you know both the good <b>and</b> bad points of each option?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Values</b>	Are you clear about which good and bad points <i>matter most to you</i> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Support</b>	Do you have enough support and advice from others to make a choice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are you choosing without pressure from others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Certainty</b>	Do you feel sure about the best choice for you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*If you answered "No" to many of these questions, you should talk to your doctor.*

**Step 5: Plan the next steps**

**What do you need to do before you make this choice?**

For instance – talk to your doctor, read more about this treatment and other treatments.

**Step 6: Share your answers on this form with your doctor**

It will help your doctor understand what you think about this treatment.

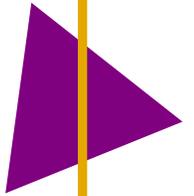
## Appendix A: Key Words are Defined

**Rheumatoid arthritis** is a disease in which the body's immune system attacks its own healthy tissues. The attack happens mostly in the joints of the feet and hands, causing redness, pain, swelling, and heat around the joint. There also can be damage to the bone and nearby tissues. The pain and damage from rheumatoid arthritis limits people's ability to do daily routines at home and work and affects their well-being.

The pain and swelling sometimes gets worse and then gets better on its own. However, as the disease moves on or if it is moderate or severe rheumatoid arthritis and is not treated, it may result in:

- limited daily routines
- long-term damage to joints
- deformed joints
- a need for surgery

**Pain** varies from person to person. When it is severe, it can limit your daily routines at home and at work. Also, it can get in the way of how you feel about your well-being.



## Appendix B: Facts and Numbers Behind the Decision Aid

These facts are only for those who want to know more about how the decision aid was made. To make your choice, you do not need to read it.

The following are the data sources, assumptions and calculations used in this decision aid. These are the best estimates based on available data. Data are subject to review as more information becomes available.

The information presented in this patient decision aid was based on evidence referenced in Appendix C (below).

It is assumed that patients who participated in the research studies used as the data sources for this patient decision aid would be similar to patients who would use the decision aid.

**Author disclosure:** None of the authors or their institutional affiliations can gain financially from the information contained within this patient decision aid.

**Reading level:** This decision aid is estimated to be able to be understood by patients with less than grade 8 reading level. Readability was calculated using the SMOG index.

**This patient decision aid meets the following draft standards of the IPDAS Collaboration © 2004:**

- Used a systematic development process  
See credentials of review team. Physician & consumers revised the decision aid (see list of developers). The needs assessment and review is underway with patients and physicians who were not involved in its development.\*
- Provided information on the condition, options, and their outcomes  
health condition, options (including doing nothing), natural history, procedures involved, positive & negative features of options, probabilities of outcomes.
- Presented probabilities of outcomes (benefits and harms)  
Uses event rates, comparing same denominator, same period of time and balanced frames. Describes uncertainty around probabilities (our best guess), using more than one method (numbers, words, diagrams). There is no tailoring of probabilities to individual risk categories. Refers to reference of source of probabilities.
- Clarified values and suggested ways to communicate values with the practitioner  
Describes features and physical, emotional, and social effects (Summary and glossary). Asks people to think about which positive and negative features matter most using balance scales and rating exercises. Suggests patient share their worksheet with the practitioner
- Used personal stories of how others' made their decision  
Not included.
- Guided or coached in deliberation and communication.  
Uses step-by-step process. Uses worksheet and suggests sharing it with practitioner.
- No coaching offered but could be used with a coach.
- Disclosed conflicts of interest  
Funding source disclosed for development and distributing. Discloses conflicts of interest of authors and affiliations.
- Delivered the decision aid on the internet. Currently available only as a PDF on the internet.  
An interactive internet version is under development.\*
- Balanced the presentation of options.  
Compares positive and negative features with similar detail and emphasis (font, order, display). Field testing for balance is underway.\*
- Used plain language.  
Plain language specialist reviewed the decision aid and readability level < grade 8 by SMOG.
- Based information on up-to-date scientific evidence  
pending\_ Evaluated its effectiveness; currently being evaluated.\*

\* underway in CIHR grant 2004 (Brehaut, Tugwell & O'Connor)

## Appendix C: References

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