Rheumatoid arthritis and infliximab Summaries and decision aid

Based on Suarez-Almazor M, Osiri M, Emery P, Ottawa Methods Group. Rheumatoid arthritis. In: Evidence-based Rheumatology. London: BMJ Books, 2003.

Information about rheumatoid arthritis and treatment

What is rheumatoid arthritis?

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 cartilage, bone, tendons, and ligaments. The pain and damage from rheumatoid arthritis limits people's ability to do daily activities at home and work and affects their wellbeing.

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

- limited daily activities
- permanent damage to joints
- deformed joints
- need for surgery.

What can I do on my own to manage my disease?

✓ exercise ✓ hot/cold packs ✓ relaxation ✓ activity with less stress on joints

What treatments are used for rheumatoid arthritis?

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

- 1. Pain medicine, aspirin, and non-steroidal anti-inflammatory drugs (NSAIDs)
 - Acetylsalicylic acid
- Ibuprofen
- Acetaminophen
- Indomethacin
- CelecoxibDiclofenac
- KetoprofenNaproxen

Ciclosporin

• Leflunomide

Methotrexate

Minocycline

- Etodolac
- 2. Disease modifying antirheumatic drugs (DMARDs)
 - Antimalarials
 - Auranofin
 - Azathioprine
 - Chloroquine
 - Cyclophosphamide
- 3. Biologic agents
 - Etanercept
 - Infliximab
- Adalimimab

- Parenteral gold
- Penicillamine

Piroxicam

Rofecoxib

SulindacTenoxicam

- Sulphasalazine
- Anakinra

- 4. Oral corticosteroids
 - Prednisolone
- Prednisone

What about other treatments I have heard about?

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

- Acupuncture
- Ultrasound

• Thermotherapy

- Electropuncture
- Electrical stimulation.

What are my choices? How can I decide?

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

Rheumatoid arthritis (RA) decision aid

Should I take infliximab?

This guide can help you make decisions about the treatment your doctor is asking you to consider.

It will help you to:

- 1. Clarify what you need to decide.
- 2. Consider the pros and cons of different choices.
- 3. Decide what role you want to have in choosing your treatment.
- 4. Identify what you need to help you make the decision.
- 5. Plan the next steps.
- 6. Share your thinking with your doctor.

Step 1: Clarify what you need to decide What is the decision?

Should I start taking infliximab when methotrexate alone is not working to control rheumatoid arthritis?

Infliximab is an intravenous (IV) injection given at set times every few weeks.

When does this decision have to be made? Check \checkmark one

within	davs

within weeks

within months

How far along are you with this decision? Check ✓one

I have not thought about it yet

I am considering the choices

I am close to making a choice

I have already made a choice

Step 2: Consider the pros and cons of different choices What does the research show?

Infliximab is classified as: Trade-off between benefits and harms

There is "Gold" level evidence from 2 studies of 428 people with rheumatoid arthritis. The studies tested infliximab and lasted 6 months to 1 year. These studies found pros and cons that are listed in the chart below.

What do I think of the pros and cons of infliximab?

- 1. Review the common pros and cons.
- 2. Add any other pros and cons that are important to you.
- 3. Show how important each pro and con is to you by circling from one (*) star if it is a little important to you, to up to five (*****) stars if it is very important to you.

PROS AND CONS OF INFLIXIMAB TREATMENT								
PROS (number of people affected)	How important is it to you?							
Improves pain and function 41 out of 100 people are helped at least a little 31 out of 100 people are helped a lot	* * * * *							
Slows progress of disease X-rays are better in 47 out of 100 people	* * * * *							
Works within weeks rather than months	* * * * *							
Other pros:	* * * * *							

What do you think about taking infliximab? Check \checkmark one

	Willing to	consider	this	treatment
os	are more ii	mportant	to m	e than the

Unsure

Pro Cons

Step 3: Choose the role you want to have in choosing your treatment Check \checkmark one.

I prefer to decide on my own after listening to the opinions of others

I prefer to share the decision with:

I prefer someone else to decide for me, namely: _____

Step 4: Identify what you need to help you make the decision

What I know	Do you know enough about your condition to make a choice? Do you know which options are available to you? Do you know the good points (pros) of each option? Do you know the bad points (cons) of each option?	Yes No Unsure Yes No Unsure Yes No Unsure Yes No Unsure
What's important	Are you clear about which pros are most <i>important to you?</i> Are you clear about which cons are most <i>important to you?</i>	Yes No Unsure
How others help	Do you have enough support from others to make a choice? Are you choosing without pressure from others? Do you have enough advice to make a choice?	Yes No Unsure Yes No Unsure Yes No Unsure
How sure I feel	Are you clear about the best choice for you? Do you feel sure about what to choose?	Yes No Unsure

If you answered No or Unsure 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 decision?

For example - talk to your doctor, read more about this treatment or other treatments for rheumatoid arthritis.

Step 6: Share the information on this form with your doctor

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

Decisional Conflict Scale © A O'Connor 1993, Revised 1999.

Format based on the Ottawa Personal Decision Guide © 2000, A O'Connor, D Stacey, University of Ottawa, Ottawa Health Research Institute.