Laboral impact in patients with Rheumatoid Arthritis (RA) treated with advanced therapies at 12 months of treatment.

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INTRODUCTION

Rheumatoid Arthritis (RA) is a chronic, inflammatory systemic disease.

OBJECTIVE

The aim of this analysis is to evaluate labor impact on moderate-severe RA patients at 12 months of starting an advanced therapy (bDMARD or tsDMARD) in Spain.

METHODS

- An observational, prospective, multicenter study was designed.
- RA patients who had failed to conventional-synthetic Disease Modifying AntiRheumatic Drugs (conventional-synthetic DMARD) or first biologic-DMARD and starting biologic-DMARD or targeted-synthetic-DMARD were included.
- Work data (baseline and month 12) were collected through:
 - WPAI (Work Productivity and Activity Impairment) questionnaire,
 - A structured questionnaire designed in collaboration with two patient associations to include patient's perspective in working-life (Figure 1).

Figure 1. Questions related with work included in the questionnaire

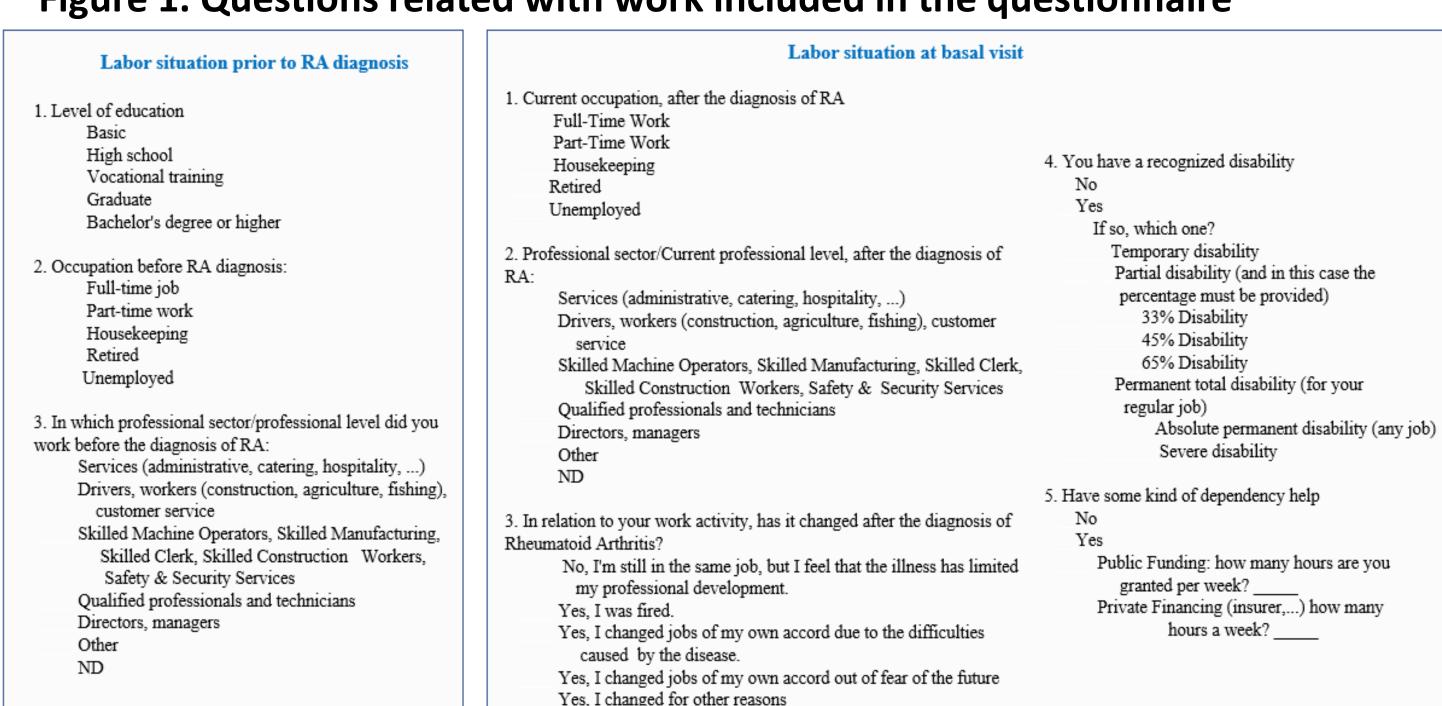


Table 1. Patients Sociodemographic and clinical characteristics (N=118)

Age, years (N=118): Mean (SD)	54.92 (11.45)
Gender, women (N=118): n (%)	92 (78)
Residence (N = 101)	
Rural, n (%)	25 (24.8)
Urban, n (%)	76 (75.2)
Educational level (N = 101)	
Basic, n (%)	41 (40.6)
High school, n (%)	16 (15.8)
Vocational training, n (%)	23 (22.8)
Graduate, n (%)	6 (5.9)
Bachelor's degree or higher, n (%)	15 (14.9)
Symptoms onset age, years: Mean (SD)	45.22 (12.72)
Time between symptoms onset & diagnosis, months	
Mean (SD)	14.12 (21.03)
Time between symptoms onset & treatment,	
months	12.73 (19.02)
Mean (SD)	
RA Extraarticular affectation (N=118): n (%)	14 (11.9)
Erosions (N=118): n (%)	40 (33.9)
Rheumatoid Factor (N=118): n (%)	88 (74.6)
ACPA (N=118): n (%)	86 (72.9)
DAS-28 (ESR) at basal visit (N=118): Mean (SD)	4.8 (1.10)

DISCLOSURE

This study was sponsored by Pfizer S.L.U. MM, MV and AL are employees of Pfizer S.L.U.





RESULTS

- 12 months after start advanced therapy, 118 patients had answered about the labor aspects. Patients' characteristics are described in table 1.
- The labor aspects most impacted by RA were employment status and the impact of RA on their working life (RA-WI) (Table 2 and table 3). Work activity status before and after RA diagnosis were reported (Table 3). Patients in RA remission report less RA-WI than patients without remission [Non-RA-WI 93.1%) vs (Non-RA-WI 59.3%) (p=0.013)]. In educational level, sector or professional level work significant changes were not reported.
- At workplace, at M12, 21.9% of patients did not feel that their RA was understood, 18.8% of patients in LDA/remission and 31.2% of moderate/high activity (p=0.066). RA was unknown at workplace in 12.5%.

Table 2. Work activity status at M0 and M12 (N=118)

	M0	M12
RA has not impact (%)	47.2	76.8
Still in the same job, feeling RA limited their professional development (%)	30.3	17.9
Fired because RA (%)	2.2	0
Decided changed the job due to RA difficulties (%)	4.5	1.8
Changed due to future concerns (%)	1.1	0
Changed for other reasons (%)	14.6	3.6

Table 3. Work status before and after RA diagnosis (N=118)

	Work status		
	Before RA diagnostic	After RA diagnostic*	
		M0	M12
Job	85.1 %	76.2%	72.3 %
Full-time job	68.3 %	59.4 %	61.4 %
Half time job	16.8 %	16.8 %	10.9 %
Unemployment	1 %	4 %	5.9 %
Housekeepers	6.9 %	5.9 %	5 %
Retired	6.9 %	13.9 %	16.8 %

- Disability degree because RA was recognized in 18.6% of patients. Although 11.9% needed help to apply for dependency/disability and 10.9% answer that needed a caregiver for daily activities, no patient referred receive public economic support for it.
- There was an improvement in work productivity between baseline and month 12 in all components assessed with the WPAI, being significant for presenteeism and general activity (Table 4).
- Labor productivity losses costs (€, year 2022; SD) were calculated for 6 months before start advanced treatment and for the period between month 6 and month 12 (Table 4).

	Labor productivity				
	MO	M12			
WPAI (mean, SE)					
absenteeism	6.46 (2.08)	4.75(1.99)	p=0.052		
presenteeism	24.46 (3.03)	13.27(2.39)	p<0.001		
productivity	28.58 (3.39)	17.56(2.96)	p=0.002		
general activity	43.47 (2.95)	29.88(2.84)	p<0.001		
Labor productivity losses costs					
€, year-2022/patient (SE; CI95%) Minimum-Maximum	2,876.00€ (403; 2,075 - 3,673) 0 - 18,013	2,156.00€ (423; 1,317 - 2,995)	p=0.394		

At month 12, WPAI showed a difference [mean (SE)] between patients in LDA/remission vs moderate/high activity in presentism [20.7 (3.23) vs 33.33 (6.53); p=0.90], productivity [24.51 (3.73) vs 38.21 (7.03); p=0.92], and general activity [39.44 (3.49) vs 53.00 (5.19); p=0.35)].

CONCLUSIONS

RA diagnosis has an impact on the professional lives of patients in Spain. Achieving remission or low disease activity may improve work productivity. More and longer studies are needed to establish the real impact on the work aspect in patients with RA.