Joint Synovitis May Be Present in Patients in Apparent RA Remission

whose rheumatoid arthritis meets the criteria for remission, according to findings to be presented Saturday morning by Dr. Pascal Zufferey.

"The study shows that remission based on clinical criteria is certainly not reliable. This has been already demonstrated before, but our results show that this is also true in real-life, as the study was conducted in a registry with many different operators with different machines all around the country," explained Dr. Pascal Zufferey, of the Service de Rhumatologie, Département de L'Appareil Locomoteur, Centre Hospitalier Univer-

sitaire, Lausanne, Switzerland. Assessment of remission is deter-

Significantly more joints of patients with RA in clinical remission than controls had at least grade 2 synovitis as assessed by B mode ultrasound.

mined by established criteria. Given that the traditional remission criterion of a downward change in the DAS28 score of 2.6 points seemed not to be stringent enough, the EULAR and the American College of Rheumatology (ACR) proposed a new definition.

The Swiss Sonography in Arthritis and Rheumatism (SONAR) group developed a standardised semi-quantitative ultrasound-based score for RA using the Outcome Measures in Rheumatoid Arthritis Clinical Trial (OMERACT) criteria for synovitis. Since 2009, the SONAR score that includes a semi-quantitative B mode and Doppler evaluation of 22 joints (grade 0-3, maximum 66 points each) has been a routine part of the evaluation of the Swiss Clinical Quality Management (SCQM) cohort of about 5,000 RA patients from all regions of Switzerland.

In this study, the SCQM data were mined to get a clearer indication of the real-life performance of the DAS and EU-LAR/ACR remission criteria and to compare them with the ultrasound remission

At the time of their ultrasound examination, the DAS criteria were applicable to 362 RA patients; of these, 121 (33%) were judged to be in remission. The EULAR/ACR remission criteria were applicable of 177 patients, of whom 29 (17%) met the remission criteria. Both groups were similar in age, sex, rheumatoid factor, and duration of RA.

Patients judged to be in remission by either set of criteria did not differ significantly in B mode or Doppler score. But, when the cut-off in B mode was considered, significant synovitis was present in 39% of patients judged to be in remission according to the DAS criteria and in 38% of the patients deemed to be in remission on the basis of the EULAR/ACR criteria. Furthermore, the mean number of

ynovitis may persist in patients joints with B mode synovitis of at least grade 2 was significantly higher in RA patients in clinical remission compared to the controls. The mean Doppler score was significantly higher in RA patients in clinical remission by either set of criteria, compared to controls.

"The persistence of active synovitis in about a third of the patients considered in remission suggests that the illness is still active in those

patients. A longitudinal study is needed to evaluate the evolution of the illness in those patients, especially when the treatments are removed or diminished." he said.

Clinical Science Session

RA remission: Prediction and imaging Saturday, 12:00 - 13:30 Hall 1.1





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EULAR Secretariat Seestrasse 240 CH-8802 Kilchberg/Zurich Switzerland Phone +41 44 716 3030 Fax +41 44 716 3039 E-mail: eular@eular.org

EULAR 2013 c/o MCI Suisse SA Rue de Lyon 75 CH-1211 Geneva 13 - Switzerland Phone +41 22 33 99 590 Fax +41 22 33 99 601 E-mail: eular2013@mci-group.com

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