

Your Rheumatoid Arthritis (RA) is Well Controlled with a Biologic or Targeted Medicine: Should you Take Less Medicine?

THIS DECISION AID IS FOR YOU IF:



Your RA has been under control (in 'remission' or low disease activity) for at least 6 months, and you are currently taking a biological or targeted disease-modifying anti-rheumatic drug (DMARD).



and you have stopped taking oral glucocorticoids (prednisone), or reduced to the lowest dose possible
and your rheumatologist feels your symptoms have a good chance of staying under control if you reduce your medicine.



Biologic DMARDs include: abatacept, adalimumab, certolizumab, etanercept, golimumab, infliximab, rituximab, sarilumab, tocilizumab.

Targeted DMARDs include: baricitinib, tofacitinib and upadacitinib.

HOW DO YOU KNOW IF YOUR RA IS WELL CONTROLLED?

The goal of treatment is to keep your arthritis well controlled. Well controlled means:

- you have no symptoms or only occasional mild symptoms;
- your RA has little impact on how you feel, move or live your day-to-day life;
- your joints are not being damaged by inflammation.

This can also be called 'being in remission' or 'low disease activity'.

Having well controlled RA is not a permanent cure and symptoms can reappear throughout your lifetime.

CAN YOU TAKE LESS BIOLOGIC OR TARGETED MEDICINE WHEN YOUR RA IS WELL CONTROLLED?

Most people will need to continue taking biologic or targeted DMARDs to control their RA.

If your RA is under control for at least 6 months with these medicines, you and your rheumatologist can decide together whether you can:

- continue taking the same amount of your biologic or targeted medicine, or
- carefully reduce the amount of medicine you take.

Do not stop or reduce the amount of biologic or targeted DMARDs you take without talking to your rheumatologist first.

WHY IT IS IMPORTANT FOR YOU TO BE INVOLVED IN THE DECISION?

This is a decision for you and your rheumatologist to make together and will depend on how you feel about what's involved.

What you value and prefer is individual and there is no 'right' decision here.

You may not be ready to make the decision now, and prefer to revisit it at a later point.

Questions to Consider

What we know from research

How important is this to you?

1 = Not Important
5 = Very Important

BENEFITS

What are the potential benefits of taking less biologic or targeted medicine?

- Fewer injections or infusions
- Convenience of taking less medicine
- Potentially reduced costs (for you and/or your insurance provider depending on your coverage)
- Potentially fewer side-effects or long term risks



Provide your rating and write any questions here.

RISKS

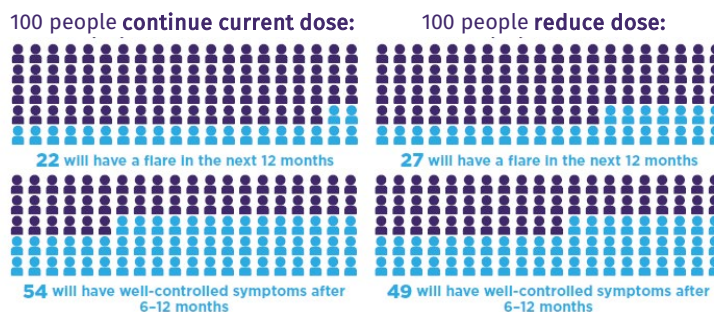
What are the potential problems if I take less medicine?

- Your RA might worsen (become more active or flare)
- You may have more pain, inflammation and/or joint damage
- You may be unable to do what you want, such as day to day activities, leisure activities, work, to name a few



How likely is it that my RA will worsen or flare up if I take less medicine?

Clinical studies have shown that when people with well controlled RA reduce the amount of biologic or targeted medicine they use, there is little or no difference in how well symptoms are controlled or the chance of the disease flaring over the next year.



NEXT STEPS

Will it change what I have to pay?

It depends what you pay now but you can ask your rheumatologist or other member of your healthcare team to check if there will be any issues if you need to go back to full dose.

What happens if my symptoms are still well controlled after reducing my dose?

Your rheumatologist **may reduce** the dose of these medicines further. Stopping these medicines completely is uncommon and not recommended as it increases the risk of flare. Most people with RA will continue taking a biologic or targeted DMARD.

You will need regular, ongoing monitoring for signs of disease activity, such as blood tests and exams by your rheumatologist.

What happens if my symptoms worsen after reducing my dose?

Your rheumatologist should make a plan with you prior to reducing your dose to explain how they will **increase** your biologic or targeted DMARD to the amount you were previously using. You may also restart or begin other RA medicines to regain control of your symptoms.

Most people (more than 8 in 10) can regain good control of their RA after going back to their previous dose or restarting treatment.

What other questions do you have?

WHAT DO YOU THINK?

Which treatment do you want to discuss?

- No change in medication
- Reducing medication

HOW DO YOU FEEL?

Please answer the following:

- Do you feel **SURE** about the best choice for you? Y N
- Do you know the benefits and risks of each option? Y N
- Are you clear about which benefits and risks matter most to you? Y N
- Do you have enough support and advice to make a choice? Y N

The 4-item SURE TEST © O'Connor and Légaré 2008

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