



Service Priorities and Programmes  
Electronic Presentations

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**Physical function and health related quality of life in early rheumatoid arthritis patients who achieved only low disease activity compared with remission.**

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**Introduction**

Current treatment target for rheumatoid arthritis (RA) aims at reaching a target of sustained remission or Low Disease Activity (LDA). It is unclear whether achieving clinical remission is necessary or achieving stable LDA is already sufficient to maintain physical function and Health Related Quality of Life (HRQoL) in patients with early RA.

**Objectives**

To compare physical function and health related quality of life in early RA patients who achieved sustained remission compared with those achieved sustained LDA.

**Methodology**

Early RA patients with symptom onset

**Result**

A total of 308 (53 13 years old, 80 [26.0%] male) patients completed one year follow up. 132 (42.9%) and 87 (28.2%) patients achieved caDAS28 remission and caDAS28 LDA while 48 (15.6%) and 156 (50.6%) patients achieved caSDAI remission and caSDAI LDA. Compared with patients who achieved caDAS28 remission, patients who only achieved caDAS28 LDA had significantly worse SF-36 PCS [? $=$ -3.64, 95%CI (-6.67, -0.60)  $p=0.019$ ;], HAQ-DI [? $=$ 0.12, 95%CI (0.02, 0.22),  $p=0.024$ ] and EQ5D [? $=$ -0.06, 95%CI (-0.10, -0.01),  $p=0.009$ ] after adjusting for other potential confounders at baseline with multivariable regression analysis. However, SF-36 PCS, HAQ-DI were not different between caSDAI remission and caSDAI LDA after adjusting for confounders.

Conclusion: Patients who achieved sustained caDAS28 LDA had significantly worse physical function and HRQoL than patients who achieved caDAS28 remission.