



## MANAGING RHEUMATOID ARTHRITIS IN THE PRIMARY CARE SETTING

A NINE-PART CONTINUING EDUCATION SERIES  
AIMED AT DEVELOPING SUB-SPECIALIZATION  
AND INTENSIFIED RA CARE MANAGEMENT  
AT THE PRIMARY CARE LEVEL

*Satellite Broadcast and Online Continuing Medical  
Education Enduring Activity for Physicians and Nurses*

### **Part 9: 2008 ACR Guidelines for RA Care**

**John J. Cush, MD**

**Gregory J. Phillips, MD, FACP**

A Satellite Broadcast and Webcast for family practitioners, general internists, advanced nurse practitioners, physician assistants and other healthcare providers

## **PROGRAM OVERVIEW**

Guidelines are evidence-based tools that guide care and improve care management. In 2008, the American College of Rheumatology updated its 2002 guidelines providing a guided approach to drug therapy and monitoring. The 2008 recommendations focus on the use of non-biologic DMARDs and biologic DMARDs to treat the disease. This program will review the guidelines for early vs. established disease, low vs. high activity, and will explore the role of risk factors in treatment decisions.

## **RECEIVING CREDITS**

### **Group Setting Satellite Broadcast & Webcast**

1. Attend the entire satellite broadcast or webcast session.
2. Sign in on the available sign-in sheet.
3. Complete an Evaluation Form and a Credit Request Form. Submission information will be on the forms.

### **Individual Viewing Webcast**

1. Attend the entire webcast session
2. Complete the on-line Evaluation and Credit Request Form.
3. Certificates are available electronically at the successful completion of the requirements.

Participants should take 30 minutes to complete each of the nine parts although they need not do this all at one sitting.

## **TARGET AUDIENCE**

This satellite broadcast/webcast is for family practitioners, general internists, advanced nurse practitioners, physician assistants and other healthcare providers.

## **OBJECTIVES**

Upon completion of this activity, participants will be able to:

- Understand the role of primary care in the management of rheumatoid arthritis (RA) and its comorbidities
- Identify the clinical characteristics of RA and the concept of pattern recognition as it applies to chronic inflammatory arthritis
- Identify histologic, anatomic, and physiologic considerations that contribute to the pathogenesis of RA
- Describe treatment goals and/or outcome measures for managing RA
- Devise strategies for implementing RA therapies to maximize their safety and efficacy
- Apply evidence and best practices to manage the complexities of RA in the primary care setting
- Describe the systemic complications of RA and integrate the treatment of comorbidities into patients' overall treatment plan

### **CONFLICT OF INTEREST**

It is UT Southwestern's policy that participants in CME activities should be made aware of any affiliation or financial interest that may affect the speaker's presentation(s). Each speaker has completed and signed a conflict of interest statement. The faculty members' relationships will be disclosed in the course syllabus.

### **DISCUSSION OF OFF-LABEL USE**

Because this course is meant to educate physicians with what is currently in use and what may be available in the future, there may be "off-label" use discussed in the presentations. Speakers have been requested to inform the audience when off-label use is being discussed.

### **DISCLOSURE POLICY**

It is the policy of The Office of Continuing Medical Education at The University of Texas Southwestern Medical Center to ensure balance, independence, objectivity, and scientific rigor in all directly sponsored and jointly sponsored educational activities.

Information and opinion offered by the speakers represent their viewpoints. Conclusions drawn by the audience should be derived from careful consideration of all available scientific information. Products may be discussed in treatment outside current approved labeling.

**Commercial support has been accepted from Amgen and Pfizer Inc.**

**All individuals in a position to control content have disclosed the following:**

John J. Cush, MD	Clinical Investigator: Abbott Laboratories, Celgene Corporation, CORRONA, Genentech, Inc., Pfizer Inc., Roche, UCB  Advisor, Consultant: Abbott Laboratories, Centocor Inc., Pfizer Inc., Roche, UCB, Wyeth/Amgen Inc.
Robin A. Hall, DO	No Financial Affiliations
Gregory J. Phillips, MD, FACP	Speaker's Bureau: Forest Pharmaceuticals, Inc., Pfizer Inc.
Dorothy D. Sherwood, MD, FACP	No Financial Affiliations
Natasha Winters-Williams	Program Speaker: Biogen Idec, Genentech, Inc.
Scott Dahl	No Financial Affiliations
Sterling Hunking	No Financial Affiliations
Rose Rios	No Financial Affiliations

## **CREDIT DESIGNATION STATEMENTS**

### **Physician**

The University of Texas Southwestern Medical Center is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The University of Texas Southwestern Medical Center designates this educational activity for a maximum of **0.5 AMA PRA Category 1 Credit™**. Physicians should only claim credit commensurate with the extent of their participation in the activity.

### **Nursing**

The Camenae Group, Inc, is an approved provider of continuing nursing education by the Texas Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. This activity meets Type I criteria for mandatory continuing education requirements toward relicensure as established by the Board of Nursing.

The Camenae Group, Inc. provides up to 4.5 contact hours for successful completion of this educational activity (0.5 contact hours for each Part).

## **ACKNOWLEDGEMENT OF COMMERCIAL SUPPORT**

This activity is supported by educational donations provided by Amgen and Pfizer Inc.

## **RELEASE AND TERMINATION DATES**

Thursday, April 8, 2010

12:00 – 12:30pm ET

Available as an Enduring Webcast after original airing

This program will offer both a live satellite broadcast and webcast during the first air date and the webcast will continuously stream after the live airing. This online educational enduring material is valid for a period of one year: from April 8, 2010 to April 7, 2011. After those inclusive dates, the content will require review and updating or will be withdrawn from circulation.

## **CONTACTS**

For continuing professional education/accreditation questions, please contact Rose Rios, via email.

- Email: [Rose.Rios@UTSouthwestern.edu](mailto:Rose.Rios@UTSouthwestern.edu)

For all other questions prior to or after the broadcast, please contact Gwen Pond via phone or email.

- Telephone: 866.865.5448
- Email: [gwen.anderson@crmhealth.com](mailto:gwen.anderson@crmhealth.com)

# 2008 ACR Guidelines for RA Care

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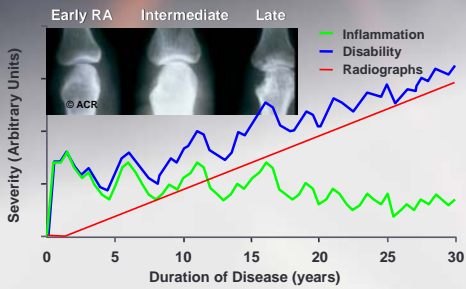
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## RA Progression



Graph: Adapted from Kirwan JR. *J Rheumatol*. 2001;28:881-886.  
Photo: Copyright © American College of Rheumatology.

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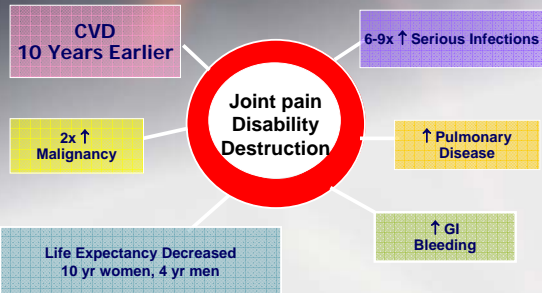
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## RA: Not Just a Joint Disease



Deane K. *J Musculoskel Med*. 2006;23:S24-S31.

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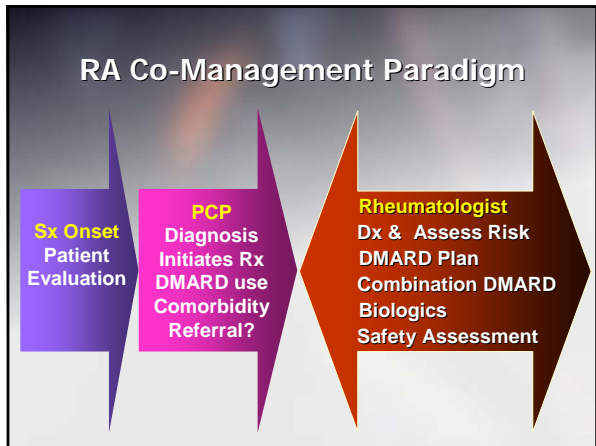
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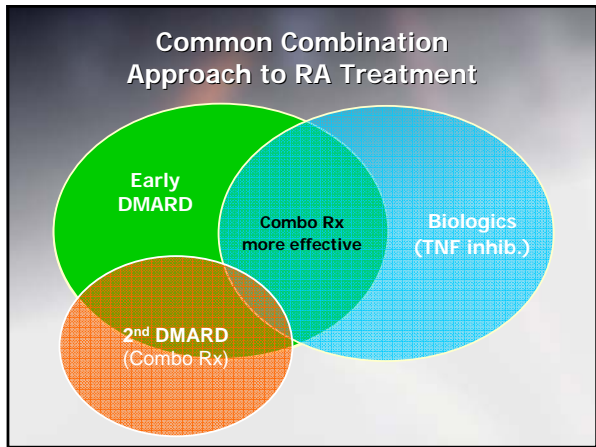
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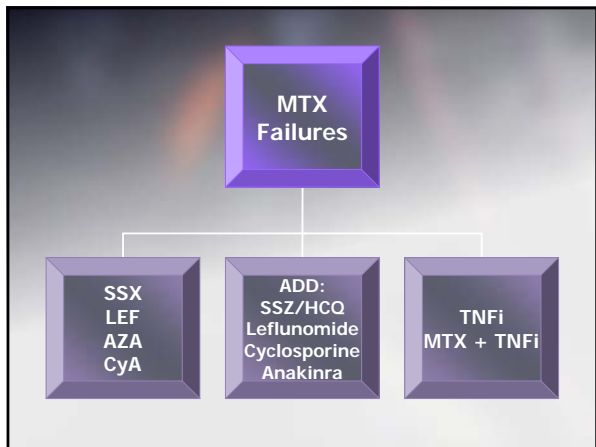
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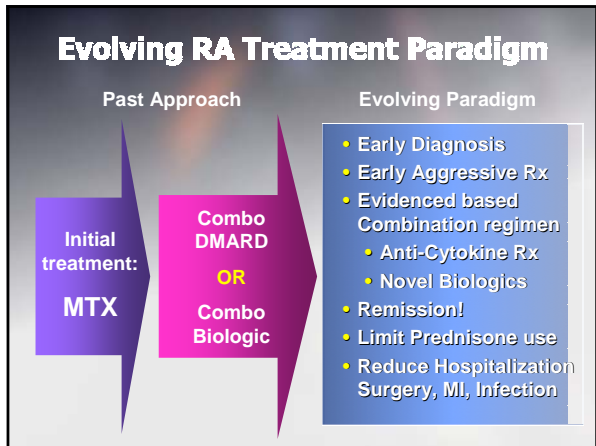
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## 2008 ACR Treatment Guidelines

- ◆ 3 algorithms:
  - patients with RA < 6 months,
  - RA ≥ 6 months and failed MTX
  - RA ≥ 6 months and failed MTX combination therapy or sequential non-biological DMARDs
- ◆ Define disease activity as low, moderate, or severe
- ◆ Categorize patients according to prognostic factors
- ◆ Identify patients in need of early and aggressive treatment
- ◆ Determine when to initiate monotherapy or combination therapy
- ◆ Continuous monitoring for activity and toxicity

Saag KG, et al. *Arthritis Rheum.* 2008;59:762-784.

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## Features of a Poor Prognosis Key Prognostic Factors

- ◆ Clinical Features
  - Activity: # swollen joints, Disease activity score
  - Extraarticular manifestations: Nodules, Sjogrens
  - Disability: Functional surveys (HAQ)
- ◆ Laboratory Features
  - Rheumatoid factor
  - Anti-CCP
  - ESR or CRP
- ◆ Radiographic X-ray Erosions

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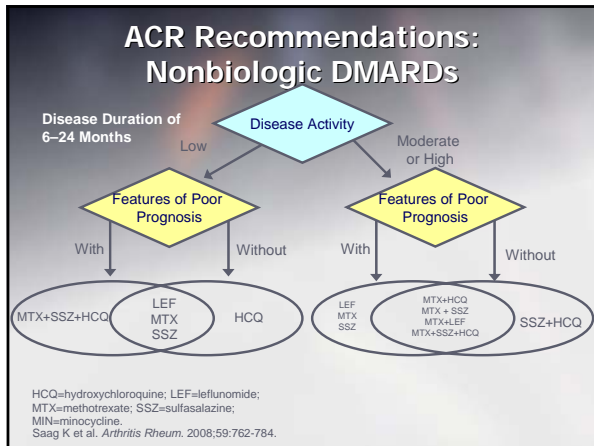
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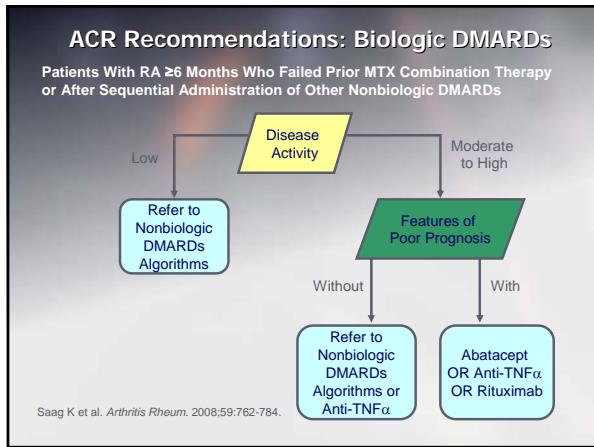
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### Cost of Care

- ◆ What can be done for those with limited or no insurance
- ◆ Are biologics only for the rich and insured?

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## Improving RA Outcomes in the Future

- ◆ Effective “comanagement” by PCPs and Rheums
- ◆ Smarter use of combination DMARDs/biologics
  - Earlier use, pt selection, expanded combinations
- ◆ New drug development
- ◆ Clinical remission and “tight control” the goal
  - Rely on activity measures, treat to a goal
- ◆ Genomics and tailored Rx
  - “Personalized medicine”
  - Optimize efficacy & minimize toxicity

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## Summary

- ◆ Goals
  - Educate the patient and Family
  - Rx Agents to achieve Remission or low disease activity state
- ◆ Guidelines exist to help guide treatment choices
  - Based on:
    - Stage of disease
    - Activity or Severity
    - Presence of Poor Prognostic factors

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