

Project Summary Report

Objective-Study 1: There are limited data from randomized controlled trials on assessing the association between obesity and remission outcomes in RA patients receiving disease modifying antirheumatic drugs (DMARDs). The aim of this study was to investigate the association between body-mass index (BMI) and remission in RA patients receiving conventional synthetic DMARDs (csDMARDs) or the biological DMARD (bDMARD) golimumab.

Objective-Study 2: Rheumatoid arthritis is a chronic inflammatory autoimmune disease associated with increased risk of cardiovascular disease. Beta-blockers may play an important role in immunology and their effect in rheumatoid arthritis is unknown. The aim of this study was to investigate the association between beta-blocker (BB) use and remission in patients with rheumatoid arthritis (RA) initiating golimumab +/- conventional synthetic (cs-) DMARD therapy.

Methods: Data was pooled from 4 randomised trials investigating golimumab and/or csDMARD treatment in RA. The associations between BMI and BB use with remission according to the Simplified Disease Activity Index (SDAI) and Clinical Disease Activity Index (CDAI) were assessed by Cox proportional hazard analysis. Analysis were adjusted for age, race, sex, RA disease duration, presence of coronary artery diseases, hypertension, diabetes, corticosteroid use, baseline SDAI score, baseline CDAI score, and number of previous DMARDs.

Results: Pre-liminary results suggested obesity to be significantly and independently associated with remission. Compared to normal BMI, obesity was associated with less frequent remission using SDAI and CDAI remission. The association between systemic BB use and remission were not completed due to COVID-related lack of resources and a change in Job.

Conclusion: NA.