Working With Your Doctor to Manage RA Using **Treat-to-Target**

In 2008, an international task force of rheumatologists and patients with RA gathered to develop recommendations for controlling RA.[1] The group's proposed guidelines are called **Treat-to-Target (T2T)**.

A patient-focused version of the T2T recommendations was later developed.[2] This was important because if you are a patient with RA, you:

- Need to be informed about the potential benefits and risks of RA medications
- Face a potential barrier to understanding when physicians deliver treatment information using technical, clinical language
- Require proper understanding, acceptance, and adherence of your RA treatment program to help achieve optimal outcomes from prescribed medication(s)
- Need to understand clinical information provided by your physician to make informed treatment-related decisions

T2T emphasizes the importance of shared decision-making between you and your physician as well as other members of your healthcare team. This can only be achieved if you are well informed about your different RA treatment options.[2]

Understanding T2T can help you be better prepared to discuss your treatment choices, goals, and objectives with your rheumatologist.[2] T2T is important. That's because research has shown that a T2T approach can help improve RA treatment outcomes.[3]

The 4 overarching principles and 10 core recommendations of T2T[2] appear on the reverse side of this page.

By understanding T2T, you can play an important role in your RA treatment

The 4 T2T Principles[2]

1. Treatment decisions about RA must be made by the patient and the rheumatologist together
2. The most important goal of treatment is to maximize long-term *health-related quality of life.* This can be done by:
   - controlling disease symptoms such as pain, inflammation, stiffness, and fatigue
   - preventing damage to joints and bones
   - regaining *normal function* and participation in daily-life activities
3. The most important way to achieve these goals is to stop joint *inflammation*
4. Treatment toward a clear *target of disease activity* gives the best results. This should be achieved by measuring disease activity and *adjusting therapy* when the goal is not achieved

The 10 T2T Recommendations[2]

1. The primary target of treatment of RA should be *clinical remission.*
2. Clinical remission means *that significant signs and symptoms* of the disease that are caused by inflammation are absent.
3. Although **remission** should be the target, it is not possible for some patients, in particular for those with long disease duration. Therefore, **low disease activity** may be an acceptable alternative.
4. Until the desired treatment target is reached, drug therapy should be *adjusted* at least every 3 months.
5. Disease activity must be measured and documented regularly. For patients with **high** or **moderate disease** activity this must be done every month. For patients in a sustained low disease activity state or remission, this can be done less frequently (eg, every 3-6 months).
6. Combined disease activity *measurements*, which include joint examinations, are needed in routine clinical practice to guide treatment decisions.
7. Besides disease activity, treatment decisions in clinical practice should also consider damage to the joints and restrictions in activities of daily living.
8. The desired treatment target should be maintained throughout the remaining course of the disease.
9. Selecting the appropriate measurement of disease activity and target may be influenced by the individual situation: presence of other diseases, *patient related factors* or drug-related safety risks.
10. The patient should be included in setting the treatment target and educated on the *strategy* to reach this goal.

References: 1. Smolen JS, Aletaha D, Bijlsma JW, et al. Treating rheumatoid arthritis to target: recommendations of an international task force. *Ann Rheum Dis.* 2010;69(4): 631-637. doi: 10.1136/ard.2009.123919. **2.** deWit MPT, Smolen JS, Gossec L, van der Heijde DM. Treating rheumatoid arthritis to target: the patient version of the international recommendations. *Ann Rheum Dis.* 2011;70(6):891-895. doi: 10.1136/ard.2010.146662. **3.** Solomon DH, Bitton A, Katz JN, Radner H, Brown EM, Fraenkel L. Treat to target in rheumatoid arthritis: fact, fiction, or hypothesis? *Arthritis Rheumatol.* 2014;66(4): 775-782. doi: 10.1002/art.38323.

Speak with your doctor if you have questions about T2T