

# 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.<sup>1</sup> The group's proposed guidelines are called **Treat-to-Target (T2T)**.

A patient-focused version of the T2T recommendations was later developed.<sup>2</sup> 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.<sup>2</sup>

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

The 4 overarching principles and 10 core recommendations of T2T<sup>2</sup> 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<sup>2</sup>

- 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<sup>2</sup>

- 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.

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**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

(Physician Information)