

CLINICAL FLASHCARDS

Chasing Absolute Zero In Rheumatoid Arthritis

The Life Science Feed

QUESTION

Name the first principle of the Treat-to-Target (T2T) management strategy in Rheumatoid Arthritis.

ANSWER

Define a specific clinical target (remission or low disease activity).

QUESTION

In the T2T strategy, how frequently should disease activity be measured until the target is achieved?



ANSWER

Every 1–3 months.

QUESTION

How often should disease activity be monitored in RA patients who have already reached their target?



ANSWER

Every 3–6 months.

QUESTION

What is the third core principle of T2T when a clinical target is not reached?

ANSWER

Promptly change or escalate therapy.

QUESTION

Who should be involved in the setting and reviewing of targets according to the T2T strategy?

ANSWER

The patient.

QUESTION

Which 2004 trial first formalised the intensive management approach using strict protocol-driven therapy adjustments?

ANSWER

TICORA.

QUESTION

What was the primary conclusion of the TICORA trial regarding intensive RA management?

ANSWER

It yielded better disease control and less radiographic progression using the same drugs as routine care.

QUESTION

The _____ study reinforced that the management method of therapy is as crucial as the choice of therapy itself.

ANSWER

TIGHT (TIGhT control in RA).

QUESTION

Which three laboratory or clinical components are used to calculate a DAS28 score?



ANSWER

28 joint counts, ESR or CRP, and patient global assessment.

QUESTION

What is the specific DAS28 score threshold for clinical remission?



ANSWER

Below 2.6.

QUESTION

What range of DAS28 scores indicates Low Disease Activity (LDA)?



ANSWER

2.6 to 3.2.

QUESTION

Which RA activity index is composed strictly of clinical measures, requiring no laboratory values?

ANSWER

Clinical Disease Activity Index (CDAI).

QUESTION

Name the four clinical components of the CDAI score.

ANSWER

Swollen joint count, tender joint count, patient global assessment, and physician global assessment.

QUESTION

What is the CDAI threshold for clinical remission?

ANSWER

≤ 2.8.

QUESTION

What additional laboratory value is added to the CDAI components to calculate an SDAI score?

ANSWER

C-reactive protein (CRP).

QUESTION

What is the SDAI threshold for clinical remission?

ANSWER

≤ 3.3.

QUESTION

According to ACR/EULAR Boolean criteria, the Tender Joint Count (TJC) must be _____ for remission.

ANSWER

≤ 1.

QUESTION

According to ACR/EULAR Boolean criteria, the Swollen Joint Count (SJC) must be _____ for remission.

ANSWER

≤ 1.

QUESTION

What is the maximum Patient Global VAS score (on a 10-point scale) allowed for Boolean remission?

ANSWER

≤ 1.

QUESTION

What is the CRP threshold required for a patient to meet the ACR/EULAR Boolean remission criteria?

ANSWER

≤ 1 mg/dL.

QUESTION

Which definition is considered the most stringent for remission in RA research?

ANSWER

ACR/EULAR Boolean remission criteria.

QUESTION

According to the ACR/EULAR task force, when is Low Disease Activity (LDA) an acceptable alternative target to remission?

ANSWER

In long-standing disease or when remission risk exceeds benefit due to drug toxicity.

QUESTION

The _____ trial demonstrated that patients in remission have significantly less joint damage over two years.

ANSWER

CAMERA.

QUESTION

In RA, what is the observed relationship between the category of disease activity and the rate of joint erosion?

ANSWER

It is dose-dependent (lower activity correlates with less erosion).

QUESTION

Define the concept of 'discordant progressors' in the context of RA.

ANSWER

Patients in clinical Low Disease Activity who still show radiographic progression.

QUESTION

What biological process likely drives joint damage in patients who are 'discordant progressors'?

ANSWER

Inadequate suppression of synovial inflammation.

QUESTION

What does the HAQ tool measure in Rheumatoid Arthritis patients?

ANSWER

Functional disability (Health Assessment Questionnaire).

QUESTION

According to clinical data, how does physical function (HAQ) change when disease activity is lowered?

ANSWER

It improves significantly.

QUESTION

What is the 'window of opportunity' in early Rheumatoid Arthritis?

ANSWER

The first 1–2 years after symptom onset where aggressive treatment can fundamentally alter the disease course.

QUESTION

Why is early treatment more effective before the 'window of opportunity' closes regarding synovial tissue?

ANSWER

Early synovial changes are less fibrotic and more responsive to drugs.

QUESTION

The _____ study found that the tight control approach was more important for outcomes than the specific starting drug.

ANSWER

BEST.

QUESTION

What long-term clinical outcome is linked to delays in diagnosis and treatment during the first two years of RA?

ANSWER

Irreversible joint damage and permanent functional loss.

QUESTION

What is the common clinical outcome when biologics are completely stopped in patients with sustained remission?

ANSWER

Disease flare is frequent.

QUESTION

Which trial found that approximately 40% of patients in sustained remission could successfully taper biologics?

ANSWER

RETRO.

QUESTION

Patients with _____ RA (negative for anti-CCP/RF) are more likely to achieve drug-free remission.

ANSWER

seronegative.

QUESTION

What imaging finding predicts successful biologic tapering in RA patients?

ANSWER

Ultrasound-defined remission (absence of power Doppler signal).

QUESTION

List three clinical predictors of successful biologic tapering.

ANSWER

ACPA-negative status, shorter disease duration, and low CRP at start of tapering.

QUESTION

True or False: De-escalation of therapy is considered part of the mature Treat-to-Target cycle.

ANSWER

True.

QUESTION

Name three trials that specifically investigated the tapering or stopping of biologics in RA.

ANSWER

PRIZE, HONOR, and STRASS.

QUESTION

What is the primary target for early RA according to 2023 EULAR recommendations?

ANSWER

Clinical remission.

QUESTION

What is the main argument for targeting remission instead of Low Disease Activity (LDA)?

ANSWER

To prevent radiographic progression that occurs in some LDA patients.

QUESTION

Concept: Radiographic Remission

ANSWER

Definition: The absence of joint damage progression on X-ray despite the presence of clinical disease activity.

QUESTION

In the BEST study, what was the clinical advantage of using immediate combination biologics over sequential monotherapy?

ANSWER

Faster and deeper remission and more frequent drug tapering.

QUESTION

How does early aggressive treatment impact the irreversible component of HAQ deterioration?

ANSWER

It prevents the irreversible deterioration that occurs if treatment is delayed.