Introduction

Background

TNF-α is a key cytokine involved in the pathogenesis of RA, and its blockade has been shown to improve disease activity and concomitant deterioration of health status. Numerous studies have shown that treatment with TNF-α inhibitors leads to improvements in patient global assessment (PGA) and fatigue, among other health-related quality of life (HRQoL) domains.

Objectives

The objective of this study was to compare the effects of subcutaneous (SC) abatacept and adalimumab on HRQoL, work productivity, activity limitation, and independence in patients with active RA, despite MTX therapy.

Methods

Study Design and Population

Participants were randomized 1:1 to SC abatacept (3.5 mg/kg weekly) or adalimumab (40 mg biweekly) in combination with MTX.

Results

For the WPAI:RA, percentage impairment in the four components was reported by treatment groups. Adjusted reduction in physical and mental component summary (PCS and MCS, respectively) scores, with 5 units from baseline for all individual measures, and 0.3 units from baseline in HAQ-DI score was assessed.

Summary and Conclusions

These data from the AMPLE trial demonstrate that these biologic agents with different mechanisms of action, lead to comparable reductions in fatigue observed at Day 169 were maintained through Day 365 in both the SC abatacept and adalimumab groups.

Acknowledgements

Disclosures

Please provide the disclosures related to the study.