PUTTING THE FOCUS
ON RHEUMATOID ARTHRITIS

UNDERSTANDING THE IMPACT
OF COMPLEX CHRONIC DISEASES
BEYOND DIABETES AND HYPERTENSION
WHAT IS RHEUMATOID ARTHRITIS (RA)?

RA IS A CHRONIC, SYSTEMIC AUTOIMMUNE DISEASE ASSOCIATED WITH PAIN, DEFORMITY, AND DISABILITY

In RA, the body’s immune system mistakenly attacks the joints, which results in inflammation that can cause:
- Damage to cartilage as well as bone
- Loss of cartilage
- Irreversible damage, which can cause deformity

RA IS OFTEN CONFUSED WITH OSTEOARTHRITIS (OA), A MORE COMMON TYPE OF ARTHRITIS

Although OA and RA are chronic diseases associated with painful joints, they have very different causes, patterns of progression, and management options.

OA involves deterioration of cartilage and overgrowth of bone due to wear and tear.

With OA, pain and stiffness are often experienced in the morning, but may worsen after activity and toward the end of the day.

RA involves inflammation of a joint’s connective tissues that leads to destruction of cartilage.

With RA, stiffness is often worse in the morning, and may last for hours.
WHAT ARE THE SYMPTOMS OF RA?

RA RESULTS IN PAIN, STIFFNESS, AND SWELLING OF THE JOINTS

- Usually affects the hands and feet (but can affect any joint)\(^7\)
- Hallmark symptom is morning joint pain and stiffness\(^7\)
- Other symptoms include low energy, fever, and loss of appetite\(^7\)

DECREASE IN PHYSICAL FUNCTION CAN OCCUR WITHIN THE FIRST 2 YEARS OF THE DISEASE\(^8\)

Decreased physical function can lead to difficulty performing daily activities\(^8,9\)

- Dressing
- Grooming
- Hygiene
- Eating
- Reaching
- Gripping
- Walking

Patients with RA have significant pain and impaired physical function\(^7\)

- In one study comparing self-reported quality of life in patients with RA and those without arthritis, patients with RA were\(^{10}\):
  - 40% more likely to report an impact on their general health
  - 30% more likely to need help with personal care
  - 2x more likely to experience difficulty performing activities

UP TO 75% OF PATIENTS WITH EARLY RA SHOW SIGNS OF JOINT DAMAGE WITHIN 12 TO 24 MONTHS OF DISEASE ONSET\(^8,11\)
WHO GETS RA?

RA IS ONE OF THE MOST COMMON AUTOIMMUNE DISEASES\textsuperscript{12}

The \textbf{prevalence} of RA is greater than that of some other autoimmune diseases

\begin{tabular}{ll}
\textbf{Rheumatoid arthritis} & \textbf{1.36 million (2014)}\textsuperscript{13} \\
\textbf{Type 1 diabetes} & \textbf{1.25 million (2017)}\textsuperscript{14} \\
\textbf{Multiple sclerosis} & \textbf{1 million (2017)}\textsuperscript{15} \\
\textbf{Crohn’s disease} & \textbf{0.78 million (2014)}\textsuperscript{16} \\
\end{tabular}

RA IS PRIMARILY A DISEASE OF WORKING-AGE ADULTS

\textbf{8 out of 10 patients} develop RA between \textbf{ages 35 and 50}, although it can start at any age.\textsuperscript{8,17}

\begin{center}
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\end{center}

OTHER RISK FACTORS ASSOCIATED WITH RA

\begin{itemize}
\item \textbf{3 out of every 4} patients are \textbf{women}\textsuperscript{7}
\item \textbf{Obesity may increase the risk} for developing RA\textsuperscript{1} \\
\item \textbf{Smoking} has been shown to \textbf{double the risk} of developing RA\textsuperscript{18}
\end{itemize}

\underline{AS MANY AS 4 OUT OF EVERY 1000 EMPLOYEES IN YOUR ORGANIZATION MAY HAVE RA}\textsuperscript{13}
WHAT ARE THE HEALTH RISKS OF RA?

PATIENTS WITH RA ARE AT GREATER RISK FOR DEVELOPING OTHER HEALTH CONDITIONS

Up to 40% of RA patients develop conditions affecting the:
- Eyes
- Lungs
- Skin
- Cardiovascular and other organ systems

Compared with the general population, patients with RA are also at higher risk for other serious conditions:

- 2x more likely to develop heart failure
- 5.9x higher risk for silent heart attack

Additionally, patients with RA:
- Have a 3.2-fold higher risk that a heart attack will lead to hospitalization
- Are more likely to develop infections of the skin, joints, and lungs, and some cancers, such as lymphoma

DEPRESSION IS THE MOST COMMON ADDITIONAL HEALTH CONDITION IN PATIENTS WITH RA

Compared with non-RA populations, RA populations are
- 2x as likely to suffer from depression as non-RA populations, yet depression remains largely undiagnosed and untreated in this population

In one study of more than 14,000 RA patients:
- 26.5% reported having had depression in their lifetime

*Observational cohort registry maintained by the Consortium of Rheumatology Researchers of North America (CORRONA)
WHAT ARE THE COSTS ASSOCIATED WITH RA?

RA COSTS EXCEED $47 BILLION IN THE UNITED STATES\textsuperscript{26,27}

Direct and indirect costs of RA in the United States (2013 dollars)

RA-related hospitalizations cost an average of $43,049 per patient (2014)\textsuperscript{27}

$10.6 BILLION ESTIMATED DIRECT COSTS

$46.7 BILLION TOTAL

$36.7 BILLION TOTAL

THE HIGH COST OF RA IS LINKED TO HIGH HEALTHCARE UTILIZATION

Each year, RA is the cause of:

\begin{itemize}
  \item ~11,100 RA-related hospitalizations (2014)\textsuperscript{27}
  \item 4.1 million ambulatory visits for RA\textsuperscript{28*}
\end{itemize}

\textsuperscript{*}Data from the 2001-2005 National Ambulatory Medical Care Survey (NAMCS) and National Hospital Ambulatory Medical Care Survey (NHAMCS) on estimated annual visits for arthritis and other inflammatory polyarthropathies to ambulatory care facilities. Ambulatory visits include visits to physician offices, hospital outpatient departments, and emergency departments.\textsuperscript{28}
HOW DOES RA IMPACT VARIOUS HEALTH BENEFIT COSTS?

EMPLOYER HEALTH BENEFIT COSTS FOR EMPLOYEES WITH RA ARE DOUBLE THE COSTS FOR EMPLOYEES WITHOUT RA

Compared with employees without RA, annual health benefit costs for employees with RA were

- **2.4x HIGHER** medical benefit costs
- **3.8x HIGHER** pharmacy benefit costs

In addition, compared with employees without RA, annual benefit costs beyond direct health care for employees with RA were

- **2.1x HIGHER** short-term disability costs
- **3.9x HIGHER** long-term disability costs
- **1.5x HIGHER** workers’ compensation costs
- **1.4x HIGHER** sick leave costs

HAVE YOU MEASURED THE TOTAL COST OF RA IN YOUR ORGANIZATION?

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*Based on a retrospective analysis of health insurance claims data and employer data from the Human Capital Management Services research reference database, January 2001–June 2010, which includes data from more than 900,000 employees for 20 employers dispersed throughout the United States. Costs are in 2010 US dollars. Medical costs are based on plan-paid costs identified in the employee's medical claims, and prescription costs are based on plan-paid costs identified in the employee’s prescription drug claims data.

†Total number of employees with RA=2705 vs 338,035 without RA.
WHAT DO MEMBERS WITH RA NEED TO DO?

**TAKE ACTION—RECOGNIZE RA SYMPTOMS AND SEEK THE CARE OF A SPECIALIST**

Every employee with RA needs

- **EARLY IDENTIFICATION**
- **REFERRAL** to a rheumatologist for care

**MANY PATIENTS WITH RA ARE NOT DIAGNOSED RIGHT AWAY**

- Fewer than 15% of all RA patients are seen by an appropriate specialist (rheumatologist) within the first 6 months of the start of the disease.
- RA patients whose care was delayed by more than 3 months had significantly more joint damage over time.

**ONCE JOINT DAMAGE OCCURS, IT CAN’T BE REVERSED**

Early diagnosis and disease management can help reduce the progression of permanent joint damage.

**ALTHOUGH NO KNOWN CURE EXISTS, WITH SUCCESSFUL DISEASE MANAGEMENT, EMPLOYEES WITH RA MAY EXPERIENCE:**

- Slowed progression of joint damage
- Improved joint function
- Decreased pain and inflammation

**MEMBERS NEED EDUCATION AND ACCESS TO CARE FROM SPECIALISTS WHO CAN DIAGNOSE AND MANAGE THEIR COMPLEX DISEASE**
WHAT SHOULD AN EMPLOYER DO?

BE SURE YOUR MEMBERS WITH RA HAVE ACCESS TO THE SUPPORT, EDUCATION, AND CARE THEY NEED

STEP 1: Talk to your benefits partners about the right plan design to ensure access to appropriate care

- Members with RA may need care from a team of healthcare providers who specialize in RA and its complications
  - For example, rheumatologists, orthopedists, and physical and occupational therapists

- Ensure access to laboratory services and imaging centers for diagnosis, disease assessment, and monitoring, as well as screening for coexisting conditions
  - For example, blood tests, imaging tests

- Medication, including specialty medications, may be needed for the management of RA

- Some members will require medical procedures, such as surgery for badly damaged joints

- Additional supportive care may be needed

STEP 2: Provide your members with appropriate educational resources

- To help those who are undiagnosed seek the care they need

- To help those diagnosed with RA better manage their condition
WHAT RESOURCES CAN YOU PROVIDE TO YOUR EMPLOYEES?

EDUCATIONAL RESOURCES TO SUPPORT EMPLOYEES AND EMPOWER THEM TO GET THE CARE THEY NEED

Brochures you can provide to your employees.

Understanding Rheumatoid Arthritis (RA)

Preparing for Your First Visit to a Rheumatologist

My Personal Medications List

Tips for Living With Rheumatoid Arthritis (RA)

References

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RHEUMATOID ARTHRITIS IS A CHRONIC, DEBILITATING DISEASE THAT MAY BE AFFECTING EMPLOYEE PERFORMANCE IN YOUR ORGANIZATION
References