The Association of Anxiety and Depression With Clinical Measurements and Patient-reported Disability and Treatment Satisfaction Among Patients With Rheumatoid Arthritis

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INTRODUCTION

• Rheumatoid arthritis (RA) has a substantial negative impact on patients’ general quality of life and well-being and is associated with poor and progressive disability.

• In addition to the muscular manifestations of patients with RA, many patients experience extra-articular complications, including anxiety and depression.

– According to a systematic review, 9% of patients with RA experience moderate to severe depression symptoms.

• In patients with RA, the presence of symptoms of anxiety or depression has been associated with significant reductions in health-related quality of life, increased pain and fatigue, and higher likelihood of having chronic conditions, including fatigue and mental distress.

• Improvements in patient quality of life, function, and participation in daily activities are considered key targets of RA treatment.

OBJECTIVE

• The purpose of this analysis was to describe self-reporting of anxiety and depression in patients with RA, to better characterize the association between anxiety/depression and disease activity, disability, and satisfaction with current treatment.

METHODS

Patient Population and Database

• Data were drawn from the Adelphi Disease-specific Program (ADSP), a cross-sectional survey of rheumatologists and their adult RA patients, between January 1 and June 30 (2013). The survey was completed in 12 countries.

• Participating rheumatologists completed an online patient record form (PRF) for the next 6 months, including patients meeting criteria for RA, and documented their perceptions of their patients’ clinical disease activity, disability, and self-reported health status.

• Patients were not invited to complete a patient self-completion (PSC) form, voluntarily providing information on satisfaction with their current treatment, their beliefs toward their condition, and the impact of their disease.

Patient-reported anxiety or depression (based on the EQ-5D-3L as described next) was rated as

– None (0%)
– Mild (1-25%)
– Moderate (26-50%)
– Severe (51-75%)
– Extreme (76-100%)

• Patients who were invited to complete a patient self-completion (PSC) form, voluntarily providing information on satisfaction with their current treatment, their beliefs toward their condition, and the impact of their disease.

• The presence of anxiety or depression was evaluated based on patient reports.

– Anxiety or depression (based on the EQ-5D-3L as described next) was rated as

– None (0%)
– Mild (1-25%)
– Moderate (26-50%)
– Severe (51-75%)
– Extreme (76-100%)

• Assessments

– The presence of anxiety or depression was evaluated as reported by patients.

– Patients reported anxiety or depression (based on the EQ-5D-3L as described next) was rated as

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– Moderate (26-50%)
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• Statistical Analyses

– Descriptive analysis and multivariate logistic regression analyses of these outcomes (clinical and patient-reported; disability, activity, and satisfaction) were performed by country, patient-reported categories of anxiety/depression.

– The differences in levels of anxiety and depression between groups were assessed using Kaplan-Meier tests for continuous data such as age or gender and for categorical data such as baseline characteristics of the patients.

– Multivariate models were used to evaluate the impact of patient age, gender, body mass index, and physician perception of disease activity (as measured by DAS28) on each of the following outcomes: WPAI, HAQ-DI, DAS28 (3), and patient and physician satisfaction.

– An association of anxiety or depression with clinical measures, disability, and treatment satisfaction was used as a statistical test of whether anxiety or depression was associated with a significant difference in the current treatment of patients.

• RESULTS

• Association of Anxiety or Depression With Clinical Measures, Disability, and Treatment Satisfaction

– On average, patients with reported moderate or extreme anxiety or depression had higher DAS28 and HAQ-DI scores than patients with no anxiety or depression, indicating greater disability and disease activity, respectively (see Figure 3A). Figure 3A

– No differences were noted in the current treatment of patients with anxiety or depression compared to those who did not report anxiety or depression.

• Multivariate Analyses of the Impact of Anxiety or Depression on Clinical Measures, Disability, and Treatment Satisfaction

– In multivariate analysis, while controlling for bias demographics and disease activity, significant differences were observed between the presence of patient-reported moderate or extreme anxiety or depression and the following outcomes: WPAI (p < 0.001), HAQ-DI (p < 0.001), and DAS28 (3) (p < 0.001).

– Multivariate analysis also demonstrated significant differences between the presence of patient-reported moderate or extreme anxiety or depression and the following outcomes: WPAI (p < 0.001), HAQ-DI (p < 0.001), and DAS28 (3) (p < 0.001).

• CONCLUSIONS

– Anxiety and depression can lead to extra-articular complications of RA and represent a significant burden for RA patients.

– In this analysis, moderate or extreme anxiety or depression were independently associated with work impairment, disability, patient dissatisfaction with their current treatment, and clinical disease activity.

– RA was generally more severe for patients with self-reported moderate or extreme anxiety or depression than for those without self-reported anxiety or depression.

– These findings highlight the multidimensional impact of anxiety and depression in patients with RA.

– Further research is warranted on the optimal management of RA-associated anxiety and depression.

REFERENCES


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DISCLOSURES

Nan Li reports employment and share ownership of Janssen. Stuart Blackburn reports employment of Adelphi Real World. No other conflicts of interest were declared.

All authors certify that they have contributed to the work. The corresponding author had full access to all the data in the study and had final responsibility for the decision to submit for publication.

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