IMPROVED: Induction therapy with Methotrexate and Prednisone in Rheumatoid Or Very Early arthritic Disease.

No registrations found.

Ethical review	Not applicable
Status	Recruitment stopped
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON20953

Source
NTR

Brief title
IMPROVED

Health condition

Recent onset rheumatoid arthritis (RA) and undifferentiated arthritis (UA)

Sponsors and support

Primary sponsor: Abbott

Intervention

Outcome measures

Primary outcome

Percentage of patients in remission (DAS <1.6), functional ability as measured by HAQ, radiological damage progression as measured by Sharp/van der Heijde score.

Secondary outcome

Quality of life, as measured with MACTAR, SF-36, EuroQol, Time-trade-off. Costs. ACR arthritis core-set.

Study description

Background summary

In patients with recently diagnosed rheumatoid arthritis or undifferentiated arthritis treatment will commence with a combination of methotrexate and a high tapered dose of prednisone. If after 4 months clinical remission (DAS <1.6) is not achieved, patients will receive treatment with either A) an extended combination therapy (methotrexate, sulphasalazine, hydroxychloroquine and a repeated high tapered dose of prednisone) or with B) a combination of methotrexate and adalimumab, a TNF-blocking agent. If a DAS <1.6 is not achieved, patients treated according to A) will cross over to treatment B), patients in B) will receive a dose increase of adalimumab. If at any 4-monthly evaluation a DAS <1.6 is achieved, patients will start to taper and finally stop all medication. Study outcomes after 1 year of treatment are: percentage of patients with DAS <1.6 (with and without treatment), functional ability (as measured by HAQ) and radiological damage progression (as measured by total Sharp/van der Heijde score).

Study objective

There is a clinically and statistically significant difference in the percentage of patients who achieve and maintain clinical remission (defined as DAS < 1.6) and in functional ability and progression of radiological joint damage after 1 year of follow-up in recent-onset arthritis patients (RA and UA) who, having failed to achieve remission on a combination of methotrexate and a tapered high dose of prednisone, receive extended medication in a combination of methotrexate, sulphasalazine, hydroxychloroquine and low dose prednisone, or who switch to a combination of methotrexate and adalimumab.

Intervention

Four-monthly evaluations of disease activity score and safety. Medication adjustments by protocol, based on DAS calculation, aimed at DAS <1.6 (remission). Initial treatment with methotrexate and a tapered high dose of prednisone. If DAS >1.6, randomisation to either combination with MTX, SSA, hydroxychloroquine and a tapered high dose of prednisone, or combination with MTX with adalimumab. In case of DAS <1.6: taper medication and discontinue if DAS remains <1.6.

Contacts

Public
Leiden University Medical Center (LUMC),
Department of Rheumatology,
C1-39,
P.O. Box 9600
C.F. Allaart
Leiden 2300 RC
The Netherlands
+31 (0)71 5263598
Scientific
Leiden University Medical Center (LUMC),
Department of Rheumatology,
C1-39,
P.O. Box 9600
C.F. Allaart
Leiden 2300 RC
The Netherlands
+31 (0)71 5263598

Eligibility criteria

Inclusion criteria

1. Patients >=18 years of age with either RA according to the revised criteria of the American College of Rheumatology (ACR) (29) of less than two years duration, or UA, suspected by the rheumatologist to have an early presentation of RA;

2. All patients must have at least one (out of 66) swollen joint and at least one other (out of 68) painful joint, and a combined DAS of >1.6;

3. All patients must be DMARD- and corticosteroid naïve.

Exclusion criteria

1. Previous therapy with DMARDs or with corticosteroids (exception: one dose of parenteral corticosteroids within the last 6 months, but not within the last 2 months, or an oral dose of prednisone of =<10 mg/day for =< 2 weeks within the same period allowed);

2. Pregnancy or wish to become pregnant during the study, or childbearing potential without adequate contraception;

3. Concomitant treatment with another experimental drug;

4. History or presence of malignancy within the last five years;

5. Bone marrow hypoplasia;

6. Elevated hepatic enzyme levels (ASAT, ALAT > 3 times normal value);

7. Serum creatinine level > 150 umol/l or estimated creatinin clearance of < 75%;

8. Uncontrolled diabetes mellitus (according to the rheumatologist);

9. Uncontrolled hypertension (according to the rheumatologist);

10. Heart failure (NYHA functional class III or IV);

11. Alcohol or drug abuse;

12. History of infected joint prothesis within the previous 3 months;

13. Serious infections, such as hepatitis, pneumonia, pyelonephritis in the previous 3 months;

14. Chronic infectious disease such as chronic renal infection, chronic chest infection with bronchiectasis or sinusitis;

15. History of active tuberculosis requiring treatment within previous 3 years, or signs and symptoms of latent infection with tuberculosis, based on medical history, physical examination, PPD skin test, X-thorax;

16. History of opportunistic infections such as herpes zoster within previous 2 months;

17. Evidence of active cytomegalovirus, active pneumocystis carinii, or drug resistant atypical mycobacterium infection etc;

18. Evidence of hepatitis B infection;

19. Documented HIV infection, AIDS related complex (ARC) or AIDS;

20. History of lymphoproliferative disease including lymphoma or signs suggestive of possible lymphoproliferative disease;

21. Multiple sclerosis or neurological symptoms suspect for demyelinizing disease.

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Masking:	Single blinded (masking used)
Control:	Active

Recruitment

NL

Recruitment status:	Recruitment stopped
Start date (anticipated):	01-01-2007
Enrollment:	610
Type:	Actual

Ethics review

Not applicable

Application type:	Not applicable

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL789
NTR-old	NTR801
Other	: 1
ISRCTN	ISRCTN11916566

Study results

Summary results
N/A