MY RHEUMATOID ARTHRITIS IS UNDER CONTROL: WHAT SHOULD I DO ABOUT MY MEDICINE?

Taking a biological or targeted medicine has helped you to control your rheumatoid arthritis. This guide can help you decide whether to reduce or continue taking the same amount of your medicine, and what questions to ask your rheumatologist.

1 Informing your decision

What are biological or targeted medicines?

Biological or targeted medicines for rheumatoid arthritis are disease-modifying anti-rheumatic drugs (b/tsDMARDs). They target the immune system, helping to decrease inflammation, pain and joint damage.

Biological or targeted medicines include: Abatacept | Adalimumab | Baricitinib | Certolizumab | Etanercept | Golimumab | Infliximab | Rituximab | Tocilizumab | Tofacitinib | Upadacitinib

Why consider reducing my medicine?

Your rheumatologist has assessed that you can carefully reduce your biological or targeted medicine because:

- your rheumatoid arthritis has been under control (in 'remission') for at least 6 months, **and**
- you have already stopped taking oral glucocorticoids, or reduced to the lowest possible dose, **and**
- your symptoms have a good chance of staying under control if you reduce your medicine.

Some people find it more convenient to take fewer tablets and have fewer injections or infusions.

Your decision to reduce or continue taking the same amount depends on how you feel about what's involved.

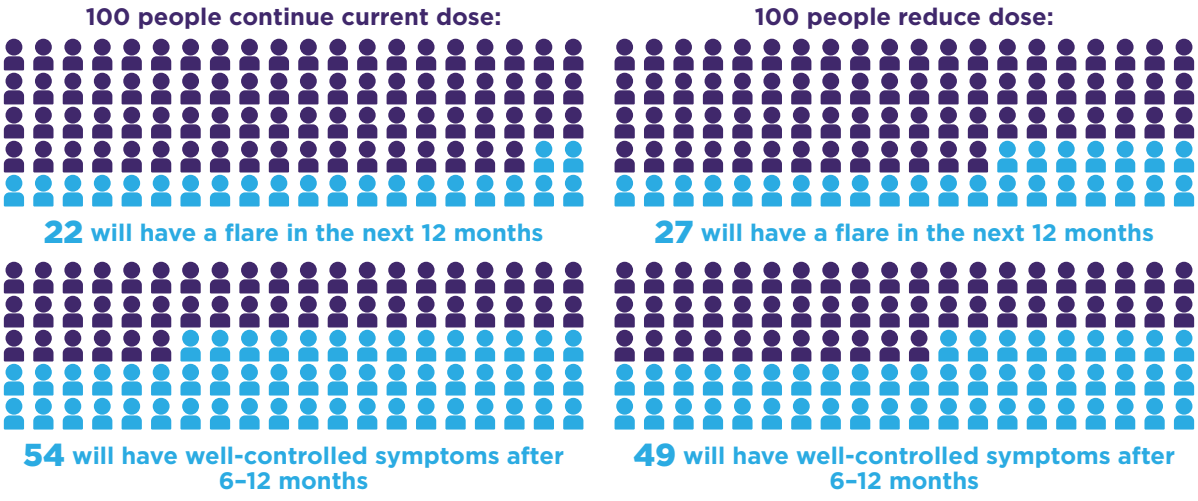
Glucocorticoids (such as prednisolone and prednisone) are also known as: Corticosteroids | Cortisone | Steroids

What's involved?

- If you continue to take the same amount of your biological or targeted medicine, your rheumatologist may ask if you wish to consider reducing the amount you take at your next visit.
- If you decide to reduce the amount you take, you may keep taking the same dose but take it less often or take a smaller dose each time you take your medicine.
- The aim of both approaches is the same – to help you safely control your rheumatoid arthritis using the smallest amount of medicine possible.

How likely is it that my RA will worsen or flare up if I take less medicine?

After 6–12 months, whether you reduce or continue taking the same amount of medicine, there is little or no difference in symptom severity or duration, physical function, serious side effects (such as infections requiring hospital treatment), need to change medicines, or need to stop medicines due to side effects.



Most people (over 8 in 10) who flare when their medicine is reduced can regain good disease control, by going back to their previous treatment.

Australian Rheumatology Association | Arthritis Australia | ANZMUSC Australia & New Zealand Musculoskeletal Clinical Trials Network NHMRC Centre of Research Excellence | NPS MedicineWise

2 Decide what matters to you

Respond to the statements below to work out what matters most to you.

	Agree	Disagree	Don't know
I want to take less medicine	⬡	⬡	⬡
I want extra convenience by taking fewer tablets/having fewer injections or infusions	⬡	⬡	⬡
I want to have consistency and avoid changes to how I take my medicine	⬡	⬡	⬡
I am worried about worsening my symptoms or losing disease control if I change the way I take my medicine at this point in time	⬡	⬡	⬡

If you agree with the first two statements, consider reducing your biological or targeted medicine. If you agree with the last two statements, consider taking your medicine as you are now.

What else matters to you?

3 Do you know enough?

YES	NO
When you feel that you understand your options, decide which you think might be most suitable. This isn't final – you can always change your mind.	Talk with others: ▶ your rheumatologist or rheumatological nurse ▶ a trusted family member or friend ▶ a support group
⬡ I want to reduce the amount of biological or targeted medicine that I take ⬡ I want to continue taking the same amount of my biological or targeted medicine	For more information see the factsheet '*My rheumatoid arthritis is well controlled with a biological or targeted medicine: can I take less medicine?*' at: www.nps.org.au/bdmards/rheumatological-conditions
Now that you have followed these steps, discuss your next steps with your rheumatologist.	

+TARGETED THERAPIES ALLIANCE

Helping consumers and health professionals make safe and wise therapeutic decisions about biological disease-modifying antirheumatic drugs (bDMARDs) and other specialised medicines. Funded by the Australian Government Department of Health through the Value in Prescribing bDMARDs Program Grant.

© 2020 NPS MedicineWise. Independent. Not-for-profit. Evidence-based. ABN 61 082 034 393. Reasonable care is taken to provide accurate information at the time of creation. This information is not intended as a substitute for medical advice and should not be exclusively relied on to manage or diagnose a medical condition. NPS MedicineWise disclaims all liability (including for negligence) for any loss, damage or injury resulting from reliance on or use of this information. Read our full disclaimer. Published October 2020.