REFERÊNCIA
The main goals of the treatment of a patient with rheumatoid arthritis (RA) are: reducing pain, joint swelling and constitutional symptoms such as fatigue; improving joint function; stopping progression of bone-cartilage damage; preventing disabilities; and reducing morbidity and mortality. In recent years, the therapeutic concept of early RA (first 12 months of symptoms) has undergone major changes. Three aspects in particular have become the basis of the new treatment paradigm: early diagnosis, immediate beginning of Disease Modifying Antirheumatic Drugs therapy (DMARD) and strict control of the inflammatory activity. In this article, the authors review the general principles of management of patients with early RA.

**Key words:** Arthritis rheumatoid. Therapeutics. Biological therapy.
Currently the more widely used biological agents are tumor necrosis factor (TNF) antagonists. TNF is a potent inflammatory cytokine expressed in big amounts in synovial serum and liquid of individuals with RA. It promotes the release of other inflammatory cytokines, particularly interleukins (IL) IL-1, IL-6, and IL-8 and stimulates the production of proteases. The inhibition of this cytokine has proved to be an effective and quick way of controlling the disease activity.\textsuperscript{10-12} Three anti-TNF drugs are available for clinical use: infliximab (chimerical anti-TNF monoclonal antibody - human/murine)\textsuperscript{13}, etanercept (fusion protein composed by the TNF soluble receptor region Fc of the IgG)\textsuperscript{14} and adalimumab (human antibody against TNF).\textsuperscript{15}

Other biological therapies being used include the IL-1 receptor antagonist (anakinra)\textsuperscript{16}, anti-lymphocytes B - anti-CD20 antibodies (rituximab)\textsuperscript{17-19}, inhibitors of costimulatory molecules, as CTLA4-IgG fusion proteins (abatacept)\textsuperscript{20-22} and anticytokines, as the interleukin-6 soluble antireceptor antibody (tocilizumab)\textsuperscript{23-25}

All the biological agents are effective in controlling articular manifestation and hindering the disease’s radiological progression, although there may be a therapeutic failure, especially with continuous treatment, in as much as 30 to 40% of the patients. A biological agent’s failure does not necessarily predict the absence of response to other drug of the same class, and the attempt of a new drug after the failure of the first is acceptable.\textsuperscript{9}

The possible occurrence of multiple adverse effects, above all a higher susceptibility to various infections, including, in some cases, tuberculosis\textsuperscript{26}, should be carefully assessed.

Another factor to be considered, especially in our milieu, is the high cost of these medications. More analyses of drug-economy, including cost-effectiveness, cost-utility, and cost-benefit of these therapy are needed, moreover in the early phases of the disease.\textsuperscript{27}

CONCLUSION

There is no formal consensus on the sequence of introduction of medications in early RA, varying according to the severity of the case and the response obtained. The Update on the Brazilian Consensus for the Diagnosis and Treatment of Rheumatoid Arthritis recommends that the choice and chronology of the biological agents to be prescribed be individualized, following the physician’s criterion.\textsuperscript{28}

In short, the very early use of effective DMARDs is a key-issue in the treatment of patients with the risk of developing persistent and erosive arthritis. Intensive treatment in an early phase of the disease, such as the combination of DMARD with steroids or even biological therapies, may induce high rates of remission and control radiological progression.\textsuperscript{29}

This aggressive approach responds for a better prognosis than monotherapy with DMARD in early RA, and it must be considered very early for these patients. Besides that, strict monitoring of the disease activity, radiographical progression and prognostic assessment are mandatory, with the finality of adapting the therapeutic strategy whenever necessary.

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