

abbvie



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 DISABILITY¹⁻³

In **RA**, the body's immune system mistakenly **attacks the joints**, which results in inflammation that can cause³:

- 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 ARTHRITIS⁴

Although **OA** and **RA** are chronic diseases associated with **painful joints**, they have very different causes, patterns of progression, and management options^{1,5,6}

OA

OA involves **deterioration** of cartilage and overgrowth of bone due to wear and tear⁶

With **OA**, pain and stiffness are often experienced in the morning, but may **worsen after activity and toward the end of the day**⁵

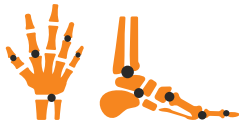
RA

RA involves **inflammation** of a joint's connective tissues that leads to **destruction** of cartilage⁶

With **RA**, stiffness is **often worse in the morning**, and may last for hours⁷

WHAT ARE THE SYMPTOMS OF RA?

RA RESULTS IN PAIN, STIFFNESS, AND SWELLING OF THE JOINTS⁷



Usually affects the hands and feet (but can affect any joint)⁷



Hallmark symptom is morning joint pain and stiffness⁷



Other symptoms include low energy, fever, and loss of appetite⁷

DECREASE IN PHYSICAL FUNCTION CAN OCCUR WITHIN THE FIRST 2 YEARS OF THE DISEASE⁸

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 function⁷

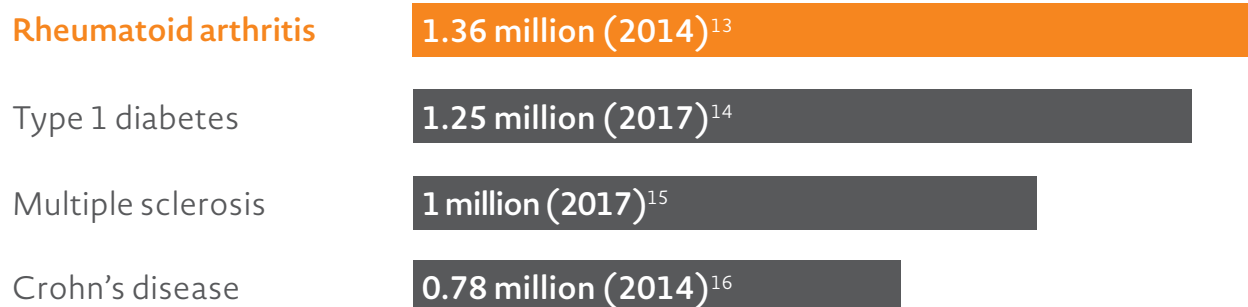
- In one study comparing self-reported quality of life in patients with **RA** and those without arthritis, patients with **RA** were¹⁰:
 - **40%** more likely to report an impact on their **general health**
 - **30%** more likely to need **help with personal care**
 - **2x** more likely to experience **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?

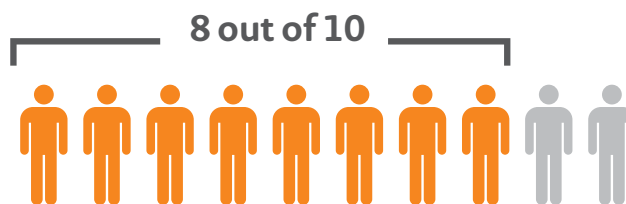
RA IS ONE OF THE MOST COMMON AUTOIMMUNE DISEASES¹²

The **prevalence of RA** is greater than that of some other autoimmune diseases



RA IS PRIMARILY A DISEASE OF WORKING-AGE ADULTS

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



OTHER RISK FACTORS ASSOCIATED WITH RA

- **3 out of every 4** patients are **women**⁷
- **Obesity** may increase the risk for developing **RA**¹
- **Smoking** has been shown to **double the risk** of developing **RA**¹⁸

**AS MANY AS 4 OUT OF EVERY 1000
EMPLOYEES IN YOUR ORGANIZATION
MAY HAVE RA**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^{17,19}:

- 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**²⁰

5.9x
HIGHER RISK
for **silent heart attack**²¹

Additionally, patients with **RA**:

- Have a **3.2-fold higher risk** that a heart attack will lead to **hospitalization**²¹
- Are **more likely** to develop **infections of the skin, joints, and lungs**, and **some cancers, such as lymphoma**²²

DEPRESSION IS THE MOST COMMON ADDITIONAL HEALTH CONDITION IN PATIENTS WITH RA²³

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^{24,25}

In one study of more than **14,000 RA** patients*:

- **26.5%** reported having had **depression** in their lifetime²⁵

*Observational cohort registry maintained by the Consortium of Rheumatology Researchers of North America (CORRONA).²⁵

WHAT ARE THE COSTS ASSOCIATED WITH RA?

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

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



THE HIGH COST OF RA IS LINKED TO HIGH HEALTHCARE UTILIZATION

Each year, **RA** is the cause of:



~11,100 RA-related hospitalizations (2014)²⁷



4.1 million ambulatory visits for RA^{28*}

*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.²⁸

HOW DOES RA IMPACT VARIOUS HEALTH BENEFIT COSTS?

EMPLOYER HEALTH BENEFIT COSTS FOR EMPLOYEES WITH RA ARE DOUBLE THE COSTS FOR EMPLOYEES WITHOUT RA²⁹

Compared with employees without RA, annual health benefit costs for employees with RA were^{30*†}



**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 were³⁰

**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?

*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.³⁰

†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 care³¹

MANY PATIENTS WITH RA ARE NOT DIAGNOSED RIGHT AWAY³²

- **Fewer than 15%** of all **RA** patients are seen by an **appropriate specialist** (rheumatologist) **within the first 6 months** of the start of the disease³⁰
- **RA** patients whose care was **delayed by more than 3 months** had significantly **more joint damage** over time³³

ONCE JOINT DAMAGE OCCURS, IT CAN'T BE REVERSED³²

Early diagnosis and disease management can help **reduce** the **progression of permanent joint damage**³²

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

- **Slowed progression** of joint damage⁷
- **Improved joint function**⁷
- **Decreased pain** and inflammation⁷

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

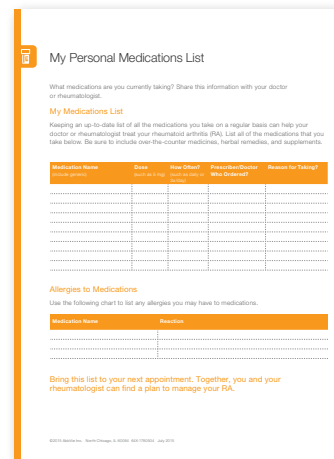
WHAT RESOURCES CAN YOU PROVIDE TO YOUR EMPLOYEES?

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

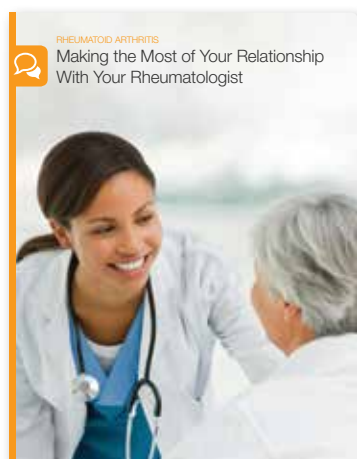
Brochures you can provide to your employees.



Understanding Rheumatoid Arthritis (RA)



My Personal Medications List



Preparing for Your First Visit to a Rheumatologist



Tips for Living With Rheumatoid Arthritis (RA)

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

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