

Rheumatoid Arthritis Medications: Literature Review

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There is no cure treatment available for rheumatoid arthritis patients; however, managing it becomes a more realistic and achievable goal with using medications. According to Hinkle & Cheever (2018), patients should start treatment with either a nonbiologic or biologic DMARD to help slow the disease progression when patients are diagnosed with rheumatoid arthritis. The medications used for rheumatoid arthritis are essential for the remission of the disease, reducing joint pain and swelling, decreasing joint deformity chances, and minimizing disability. There are many medications that patients can use to manage rheumatoid arthritis. However, one medication might be effective for one patient but not for another patient. Therefore, nurses should be aware of different medications that can be used for rheumatoid arthritis. The purpose of this literature review is to have a better understanding of existing research about the effectiveness and different medications that can be used for rheumatoid arthritis.

Etanercept or Methotrexate Withdrawal in Rheumatoid Arthritis Patients in Sustained Remission

Curtis et al. (2021) conducted a study to investigate whether remission rheumatoid arthritis patients who use combination therapy can switch to single therapy due to some concern of long-term use of combination therapy. According to the article, patients who achieved remission of rheumatoid arthritis with combination therapy are concerned about continuing combination therapy due to medication burden, adverse effects, and tolerability concern of long-term use of some medication (Curtis et al., 2021). Therefore, it would be beneficial for the patient and physician to know how to decrease combination therapy while still maintaining rheumatoid arthritis under control. The author conducted the study by doing a 24-week open lab

run period of continuing combination therapy for patients in remission with their rheumatoid arthritis. Those who maintained their remission went to a 48-week randomized controlled, double-blind trial. There are 253 participants for the study. The participants are divided into three groups for the 48-week trial given three different sets of medications. The article's primary purpose is to examine whether remission of rheumatoid arthritis attained with combination therapy of etanercept and methotrexate can be continued using only one medication, either etanercept or methotrexate.

Key Points

Etanercept or methotrexate withdrawal after combination therapy can be considered a simplified treatment in sustaining rheumatoid arthritis remission. Curtis et al. (2021) stated that previous studies of the two medications did not examine monotherapies' strategies. Previous studies also have some limitations due to inconsistent definitions of remission and lack of initial observation of remission before the studies of withdrawal of either medication start. The study results show that 49.5 % of the etanercept group maintain remission after a 48-week study trial. On the other hand, only 20.7% methotrexate monotherapy group maintain remission after a 48-week study trial. The combination therapy group result showed that 52.9% maintained remission. The result shows that etanercept monotherapy had better effectiveness than methotrexate. In addition, combination therapy result is more successful than methotrexate (Curtis et al., 2021). The numerical data results are the vital part of the article since this data only show facts and figures in concluding without making any biased idea.

Assumptions

The authors' primary assumption is that this study can help guide decision-making strategies in considering one medication use after combination therapy with a well-controlled rheumatoid arthritis patient, which can ease some of the concerns of the patient and even physician. The authors state that study results provide information about the probability of ceasing methotrexate after the combination therapy goal is attained. The study result shows that etanercept effectiveness is above methotrexate. The idea may interest physicians and patients about discontinuing methotrexate due to concern about adverse effects and consequences of long-term use of it (Curtis et al., 2021).

Deficit/Conclusion

This nursing student accepts the author's line of reasoning because doing a study trial would help look for other treatment options that are simple and less. Curtis et al. (2021) state that a few studies have been done on the management of remission using a single medication after combination therapy. Older adult patients have some complex medication regimens that can affect their physical health and tolerability with medication. Minimizing medication use while slowing down the rheumatoid arthritis disease process would help patients reduce their medication burden. The article can change nursing practice because it gives more information about monotherapy, eliminating combination therapy used by rheumatoid arthritis patients in remission. Suppose nursing fails to accept the author's reasoning about monotherapy used for remission rheumatoid arthritis, treatment option studies may be minimized, and potential simple and less medication use regimen may not be realized.

Efficacy and Safety of Upadacitinib Monotherapy in Methotrexate-Naive Patients With Moderately-to-Severely Active Rheumatoid Arthritis (SELECT-EARLY): A Multicenter, Multi-Country, Randomized, Double-Blind, Active Comparator-Controlled Trial

Here add in a summary of the article. Follow the MEAL paragraph formatting and use Grammarly.com. Be sure to cover all aspects within the rubric. Be sure to use double space and to tab over for your first line of a new paragraph.

Key Points

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Assumptions

Paragraph goes here discussing the assumptions of the article. Follow the MEAL paragraph formatting and use Grammarly.com.

Deficit/Conclusion

Paragraph goes here discussing the conclusion of the article. Follow the MEAL paragraph formatting and use Grammarly.com. Do you accept the authors' line of reasoning? What are the implications for this article? If nursing fails to accept this line of reasoning, what would the implications be?

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Conclusion

Write a conclusion here in your overall paper. Follow the MEAL paragraph formatting and use Grammarly.com. Provide a summary/conclusion of the analysis of all three articles.

Discuss how the information can improve:

- Patient outcomes
- Nursing practice
- Evidence-based practice/Quality Improvement efforts
- Healthcare as a whole

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