Appendix 2 Effects of biologicals on unpaid work

Two uncontrolled cohort studies, [1, 2] and two RCT studies, [3, 4] reported the effect of biologics on unpaid work such as household work, childcare and voluntary work. Although not the aim of this study, this outcome seemed relevant to report. Overall, it can be concluded that restrictions in unpaid work improved (data not shown). For example in a cohort study work productivity impairment, measured with a VAS scale (higher score more impairments), decreased from baseline to follow-up, although this change was not statistically significant. [1] The follow-up period of this study was 144 weeks and is of poor quality. In the second cohort study patients treated with ADA spent more time on household tasks (p < 0.05) and needed less unpaid help (p < 0.001) and paid help (p > 0.05) after 12 weeks of treatment with adalimumab compared to baseline (good quality).[2] In a RCT study patients treated with CZP 200 mg and 400 mg reported respectively 5.2 to 5.4 fewer days per month to be unable to perform unpaid work due to RA (p ≤ 0.05). [3] These patients also reported 6.0 to 6.7 fewer days per month (CZP 200 mg and 400 mg respectively, p ≤ 0.05) in which unpaid work productivity reduced by ≥ 50% due to arthritis when compared to those continuing methotrexate (p ≤ 0.05). Similar significant improvements were also seen in the CZP trial with 24 weeks follow-up. [3] Finally, when treating MTX naïve patients with early RA with a combination of adalimumab and MTX home workers missed 7.9 workdays per 2 years compared to 18.6 workdays per 2 years (p < 0.001) in the MTX monotherapy group and 26.4 days per 2 years in adalimumab monotherapy treated patients (p =0.004). [4] Impairments in unpaid work measured by a VAS scale (higher scores more impairments) decreased significantly with 40.2 point and 25.9 points for the combination group and MTX monotherapy group respectively (p < 0.05), in contrast with the adalimumab monotherapy treated group where no significant improvement in restrictions in unpaid work was seen compared to MTX monotherapy.
REFERENCE LIST


