[**Factors that influence rheumatologists' anti-tumor necrosis factor alpha prescribing decisions: a qualitative study.**](https://pubmed.ncbi.nlm.nih.gov/31891115/?from_term=barton+and+arthritis+and+payne&from_pos=2)

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**Lay Title:** Factors that influence how Rheumatologists prescribe Anti-Tumor Necrosis Factor (Anti-TNF) biological treatments for people with rheumatoid arthritis

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It is important to understand how treatments are currently prescribed before any new approach is introduced. Prescribing decisions are usually made by referring to clinical guidelines or recommendations. Different factors can influence rheumatologists when a prescribing decision is made. These influences may lead some people to receive different treatments for their rheumatoid arthritis. Eleven rheumatologists across England were interviewed to learn more about these different factors that influence decisions when prescribing anti-TNF treatments for rheumatoid arthritis. The rheumatologists described 13 factors that may affect their decisions. These were grouped into three categories: (1) the external environment (influences outside of a hospital); (2) internal hospital influences; and (3) individual-level influences (at the level of a consultation or appointment).

The factors are summarised in the table below.

|  |  |
| --- | --- |
| 1. The external environment | NICE Recommendations Clinical Commissioning Groups Cost Pressures Published Clinical Evidence Colleagues in Different Hospitals Pharmaceutical Industry |
| 1. Internal hospital influences | Systems to Promote Compliance with NICE1 Recommendations Internal Treatment Pathways Hospital Culture |
| 1. Individual-level influences | Patient Influence Personal choice based on preference/experience Perception of DAS283 |

Interestingly some of the rheumatologists described ways to perform the DAS assessment that might enable more patients to receive biologic therapies.

These are shown below.

| **Number** | **Ways to Manipulate the DAS28 Assessment** |
| --- | --- |
| 1 | Measure disease activity using a different tool (such as RAPID3) and convert to DAS28 scores. |
| 2 | Claim the patient has psoriatic arthritis because fewer active joints are required to prescribe anti-TNF therapy, compared with rheumatoid arthritis. |
| 3 | Only perform one DAS28 assessment. |
| 4 | Stop a patient’s steroids to increase their DAS28 score. |
| 5 | Perform a DAS28 assessment when the patient has a flare in disease activity. |
| 6 | Increase the frequency of DAS28 assessments to increase the likelihood of measuring two scores greater than 5.1. |

The importance of each factor seemed to be different across the country. The rheumatologists also disagreed on whether they viewed national prescribing recommendations as advisory or compulsory. More understanding of these different factors of influence can help explain why some people around England may receive different treatments for their rheumatoid arthritis.

1.NICE – The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care

2. Clinical Commissioning Groups2 (CCGs) commission most of the hospital and community NHS services in the local areas for which they are responsible. They decide what services are needed and how they will be delivered.

3. DAS28 – is a measure of disease activity in rheumatoid arthritis. DAS stands for 'disease activity score' and the number 28 refers to the 28 joints that are examined in this assessment. The score has 4 components

1. count the number of swollen joints (out of the 28),
2. count the number of tender joints (out of the 28),
3. a blood test for markers of inflammation
4. the patient’s view of their overall health