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Swiss Clinical Quality Management in Rheumatic Diseases

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Effectiveness of TNF inhibitors in patients with very early axial spondyloarthritis, defined as duration of ≤1 year of back pain: longitudinal observational data from the SCQM registry

This study investigated whether tumour necrosis factor inhibitors (TNFi) work better when started very early in axial spondyloarthritis (axSpA), defined as within one year of back pain onset. Using data from the Swiss Clinical Quality Management registry, the authors compared patients with very early, early (1-2 years of back pain), and established axSpA (>2 years of back pain). Patients with very early disease more often showed objective signs of inflammation, such as elevated CRP levels and inflammation on MRI. However, starting a first TNFi within the first year did not lead to better treatment outcomes compared with starting treatment later. Rates of low disease activity, remission, clinical improvement, and drug retention were similar across groups.

These findings are important because they suggest that TNFi can be effective in both very early and established axSpA when patients are appropriately selected. For rheumatologists, the results support careful clinical assessment rather than relying on symptom duration alone. For patients, the study offers reassurance that treatment can still be beneficial even if axSpA is diagnosed later.

Link to the publication: Effectiveness of TNF inhibitors in patients with very early axial spondyloarthritis, defined as duration of ≤1 year of back pain: longitudinal observational data from the SCQM registry at https://doi.org/10.1136/rmdopen-2025-006647