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Site-specific articular responses to b/tsDMARDs in rheumatoid arthritis: A longitudinal observational study from the Swiss Clinical Quality Management Registry

This study examined whether individual joints respond differently to rheumatoid arthritis (RA) treatments. Using Swiss registry data, researchers followed 598 patients starting their first tumour necrosis factor inhibitor and 1,942 patients receiving one of five biologic or targeted synthetic therapies (tumour necrosis factor inhibitor, abatacept, interleukin-6 receptor inhibitor, janus kinase inhibitor, rituximab). Most swollen joints improved within 6–12 months. However, swelling in the wrist and the knuckles of the index and middle fingers (MCP2 and MCP3) resolved more slowly than in most other joints. This pattern was similar across all treatments, and no treatment worked clearly better for specific joints.

These findings suggest that the location of persistent swelling matters when judging treatment response. Rheumatologists may need to allow more time before concluding that a treatment is ineffective when the wrist, MCP2 or MCP3 remains inflamed. Temporary steroid injections into these joints might help while systemic treatment takes effect, although this approach requires further study. For patients, slower improvement in these joints does not necessarily mean that the overall treatment is failing.

Link to the publication: Site-specific articular responses to b/tsDMARDs in rheumatoid arthritis: A longitudinal observational study from the Swiss Clinical Quality Management Registry at <https://doi.org/10.1136/rmdopen-2026-007034>