

## RA Review questions

In adults with suspected inflammatory arthritis (including rheumatoid arthritis), what is the added value of ultrasound in the diagnosis of rheumatoid arthritis?

In adults with rheumatoid arthritis, which risk factors are associated with poorer long-term function as measured by the Health Assessment Questionnaire (HAQ)?

In adults with rheumatoid arthritis, which risk factors are associated with worse radiographic progression?

In adults with rheumatoid arthritis, what is the clinical and cost effectiveness of a treat-to-target management strategy, compared with usual care?

In adults with rheumatoid arthritis, what is the best target to use when monitoring disease activity (remission or low disease activity)?

In adults with rheumatoid arthritis, what is the added value of monitoring disease activity with ultrasound?

(People with poor prognosis will be reviewed as a separate strata).

In adults with rheumatoid arthritis, what is the optimum frequency of disease activity monitoring (outside of the annual review)?

(People with poor prognosis will be reviewed as a separate strata).

In adults with rheumatoid arthritis, what is the clinical and cost effectiveness of analgesics?

In adults with RA who are DMARD naïve, which conventional DMARDs (alone or combined) are most clinically and cost effective?

(People with poor prognosis will be reviewed as a separate strata).

In adults with RA who are DMARD naïve, which DMARD treatment strategy (monotherapy, sequential monotherapy, parallel combination therapy, step up therapy or step down therapy) is most clinically and cost effective?

In adults with RA who have had an inadequate response to, or failed treatment with, one or more conventional DMARDs, which conventional DMARDs (alone or combined) are most clinically and cost effective as subsequent treatment?

In adults with RA who have had an inadequate response to, or failed treatment with, one or more conventional DMARDs, which DMARD treatment strategy (monotherapy, sequential monotherapy, parallel combination therapy, step up therapy or step down therapy) is most clinically and cost effective as subsequent treatment?

In adults with rheumatoid arthritis, what is the clinical and cost effectiveness of adding short-term glucocorticoid (compared with placebo or no steroid treatment) when initiating a new DMARD?

In adults with rheumatoid arthritis, when initiating a new DMARD, which short-term glucocorticoid regime is most clinically and cost effective?