Trends in Total Joint Arthroplasty Among Patients with Rheumatoid Arthritis: The Impact of Recent DMARD Utilization Guidelines

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INTRODUCTION: The 2015 change in the American College of Rheumatology (ACR) guidelines narrowed indications for initiating treatment with biologic disease modifying anti-rheumatic drugs (bDMARDs) in patients with rheumatoid arthritis (RA). This study sought to evaluate trends in total joint arthroplasty (TJA) in RA patients and to characterize the impact of bDMARDs on arthroplasty risk in this population after the change in ACR treatment guidelines.

METHODS: A retrospective review was conducted using the PearlDiver database. TJA procedures included total shoulder (TSA), elbow (TEA), hip (THA), and knee (TKA) arthroplasty. The Cochran-Armitage Trend Test was used to evaluate trends in the volume of TJA procedures performed in RA patients between 2010 and 2019. Logistic regression was used to compare two-year arthroplasty risk following an initial joint-specific RA ICD-10 diagnosis for RA patients with versus without bDMARD exposure.

RESULTS: A total of 2,942,360 patients with RA were identified, and 80,744 (2.74%) underwent TJA between 2010 and 2019. Rates of TJA procedures trended significantly upward over the decade (2.6% vs. 5.1%, p<0.001) with a sharp increase between 2015 and 2016 (2.1% vs. 4.9%, p<0.001). Among the 16,736 identified patients with an initial ICD-10 joint-specific RA diagnosis, 3,362 (20.09%) patients were treated with bDMARDs and 13,374 (79.91%) were not. Untreated patients exhibited significantly lower risk of any TJA (5.92% vs. 7.73%; OR: 0.72; 95% CI: 0.64–0.82), THA (OR: 0.69, 95% CI: 0.50–0.95), and TKA (OR: 0.63, 95% CI: 0.52–0.75) compared to treated patients.

DISCUSSION AND CONCLUSION: The volume of TJA procedures performed in patients with RA has trended significantly upward over the last decade with a sharp increase after 2015. bDMARD treatment was associated with significantly increased risk of TJA, likely due to initiation of bDMARDs in only patients with advanced disease per ACR guidelines.



arthroplasty; THA, total hip arthroplasty; TKA, total knoe arthroplasty.						
Year	TSA (%)	TEA (%)	THA (%)	TKA (%)	Tetal TJA (%	
2010	587 (0.16%)	80 (0.022%)	2367 (0.65%)	6218 (1.71%)	9252 (2.55%)	
2011	699 (0.18%)	90 (0.024%)	2254 (0.59%)	5650 (1.49%)	8693 (2.29%)	
2012	712 (0.18%)	69 (0.018%)	2240 (0.57%)	5689 (1.4456)	8710 (2.21%)	
2013	763 (0.18%)	71 (0.017%)	2441 (0.59%)	5722 (1.38%)	8997 (2.16%)	
2014	876 (0.19%)	A7 (3.814%)	7441 (N 4796)	9941 (1.1143)	8997 (7 08%)	
2015	788 (0.21%)	58 (0.41.5%)	2339 (0.62%)	4829 (1.28%)	8014 (2.12%)	
2016	760 (0.53%)	55 (0.038%)	1945 (1.35%)	4309 (3.00%)	2069 (4.92%)	
2017	807 (0.56%)	44 (0.030%)	1755 (1.22%)	3844 (2.66%)	6450 (4.47%)	
2018	836 (0.59%)	50 (0.035%)	1751 (1.24%)	4169 (2.96%)	6806 (4.87%)	
2019	959 (0.675)	(0.0.0475)	2012 (1 1950)	4704 (1.11%)	7261 (5 1426)	

Precedure	bDMARD Treatment	No bDMARD Treatment a (%)'	p-value
Total	3,362 (100)	13,374 (100)	
Shoulder	1,333 (39.6)	5,768 (43.1)	< 0.001
Elbow	433 (12.9)	1,354 (10.1)	< 0.001
Hip	386 (11.5)	1,655 (12.4)	0.157
Knce	1,210 (36.0)	4,687 (35.0)	0.305

Procedure	hDMARD Treatment	No bDMARD Treatment n (%)*	OR 0.73	95% CI
AE TJA	260 (7.7)	795 (5.9)		
TSA	29 (2.3)	101 (1.8)	0.73	0.46-1.15
TEA	12 (2.8)	22 (1.6)	0.52	0.26-1.35
THA	63 (16.3)	231 (14.0)	0.67	0.46-0.98
TKA	162 (13.4)	482 (10.3)	0.66	0.54-0.83