Biologics: Targets and Therapy

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LETTER

Regarding "Effectiveness and Persistence of Anti-TNFα Treatment in Patients with Rheumatoid Arthritis - A 7 Years Real-World Cohort Study" [Letter]

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Dear editor

We read with great interest the recent article by Santos-Moreno et al[1] evaluating the long-term effectiveness and persistence of three anti-TNFα therapies (adalimumab, etanercept, and infliximab) in patients with rheumatoid arthritis (RA) under a multidisciplinary healthcare model in Colombia. This large real-world cohort study provides valuable evidence on treatment performance over seven years, reporting high persistence rates and sustained disease activity control for all three agents. Observational studies of this nature are highly relevant, as they reflect real-world treatment behavior beyond the controlled conditions of clinical trials.

Nevertheless, we would like to draw attention to a methodological aspect that merits further discussion: the lack of adherence measurement as a component of RA treatment persistence. When interpreting persistence outcomes, it is crucial to distinguish persistence from adherence, as these constructs measure different aspects of treatment behavior.[2] Persistence refers to the length of time a patient continues treatment without an unacceptable gap or permanent discontinuation.[3] In contrast, adherence relates to how closely the patient follows the prescribed regimen, including timing, dosing, and frequency of administration. A patient may continue on treatment and thus be considered persistent, but at the same time fail to follow the prescribed regimen correctly and therefore be non-adherent.

This discrepancy can lead to significant differences between administrative definitions of persistence and actual medication use. Although the authors acknowledge in the limitations section that they did not consider patients' health literacy and socioeconomic status, this does not equate to a direct assessment of adherence itself. No explicit measurement of adherence was performed or incorporated into the calculation of persistence in this study. Therefore, the reported persistence outcomes should be interpreted with caution, as they do not account for whether patients actually followed the prescribed treatment regimen during the observation period.

This omission is relevant because non-adherence can confound the interpretation of persistence-related outcomes or lead to overly optimistic estimates of treatment effectiveness and safety. The therapeutic efficacy and long-term benefit of biologic treatments in RA depend not only on maintaining therapy over time but also on correct and consistent administration. Suboptimal adherence is associated with increased relapse risk, disease progression, and greater healthcare resource utilization.[4] Moreover, treatment strategies and health policy decisions based solely on persistence data, without adherence assessment, may misrepresent real-world treatment success and hinder efforts to optimize patient care.

The inclusion of adherence assessment in persistence studies aligns with the evolving 6P Medicine framework (Personalized, Predictive, Preventive, Participatory, Precision, and Persistent), which emphasizes the need to integrate behavioral dimensions of treatment into clinical and policy decision-making.[5] Recognizing the multidimensional nature

Received: 9 June 2025
Accepted: 3 July 2025
Published: 7 July 2025

of patient behavior, future studies of RA therapies should systematically integrate adherence assessments into persistence analyses using validated tools such as pharmacy refill records or patient-reported adherence scales.

In conclusion, the study by Santos-Moreno et al[1] provides robust and encouraging evidence regarding the persistence and effectiveness of anti-TNFα therapies in RA. We strongly advocate for the routine incorporation of adherence measures in future persistence studies of RA biologic treatments to ensure a more comprehensive and clinically meaningful understanding of long-term treatment performance in RA.

Author Contributions

JBB, AVR and SCU performed the investigation, analyzed the data, provided resources, supervised the project, and wrote the original draft of the manuscript. JBB also reviewed and edited the manuscript. All authors made a significant contribution to the work reported, whether that is in the conception, study design, execution, acquisition of data, analysis and interpretation, or in all these areas; took part in drafting, revising or critically reviewing the article; gave final approval of the version to be published; have agreed on the journal to which the article has been submitted; and agree to be accountable for all aspects of the work.

Funding

No funding or sponsorship was received for this study or publication of this communication.

Disclosure

The authors declare that there are no conflicts of interest regarding the publication of this communication.

References

1. Santos-Moreno P, Rodríguez-Vargas GS, Rodríguez-Linares P, et al. Effectiveness and persistence of anti-TNFα treatment in patients with rheumatoid arthritis - A 7 years real-world cohort study. *Biologics*. 2024;18:339–347. doi:10.2147/BTT.S474733
2. Rodriguez Goicoechea M, Tejedor Tejada E, Borrás Blasco J. Persistence, current state of the art. *Farm Hosp*. 2023;47(S1):S1130–S1134. doi:10.1016/j.farma.2023.07.020
3. la Cueva Dobao P D, Notario J, Ferrándiz C, et al. Expert consensus on the persistence of biological treatments in moderate-to-severe psoriasis. *J Eur Acad Dermatol Venereol*. 2019;33(7):1214–1223. doi:10.1111/jdv.15600
4. Borrás-Blasco J, Ramírez-Herráiz E, Navarro Ruiz A. El valor de la persistencia en el modelo de la Medicina 5P en enfermedades crónicas. *J Healthc Qual Res*. 2023;38(6):345–348. doi:10.1016/j.jhqr.2023.10.005
5. Borrás-Blasco J, Ramírez-Herráiz E, Navarro-Ruiz A. Influencia de la adherencia en el valor de persistencia dentro de la medicina 6P. *J Healthc Qual Res*. 2025;40(4):101123. doi:10.1016/j.jhqr.2025.101123

https://doi.org/10.2147/BTT.S545727