

Reducing the dose of your biologic therapies

This leaflet is designed for patients on biologic therapies for arthritis who are considering reducing the dose of these drugs. It includes patient quotes, which may be similar to your own concerns!

Why should I consider reducing my biologic therapies?

Research studies have shown that many patients who are stable on biologic therapies can reduce the doses or, occasionally, even come off the drugs altogether without any worsening of their symptoms. Guidelines now suggest that dose reduction should be offered to patients whose condition is stable. We have decided that all patients who have a good response to biologic therapies after two years should have the chance to discuss this option. The dose reduction programme is known as 'B-TRIM' (Biologics Treatment Reduction by Interval Management).

What is the B-TRIM programme?

Because the drugs come as single-use injections, the best way to reduce the dose is by stretching out the gap (extending the interval) between injections – hence Biologics Treatment Reduction by Interval Management or B-TRIM. This allows patients to very gradually increase the time between injections in steps. Importantly, the patient is always in control and can decide to keep the interval the same, increase it or decrease it as they wish, depending on their symptoms. Usually decisions about this are made at the 6 monthly review but patients can be flexible and make their own changes between these appointments.

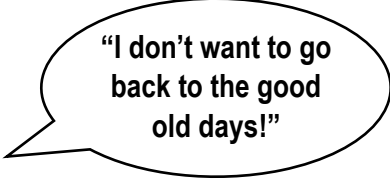
Why am I being offered this reduction?

As with any drug it's a good principle not to use more than we need to achieve the desired effect. Some patients might need the full dose but there is now good evidence that many patients can reduce the dose without any change in their symptoms. This might reduce any risk of side effects in the long-term.

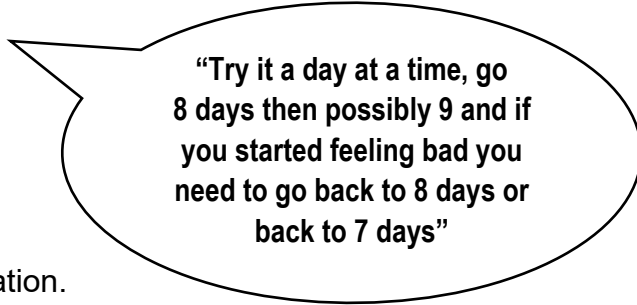
Is there a chance that I will go back to how I was before?

Many patients understandably worry that if they reduce their medication their arthritis might flare up and they might end up as they were before starting treatment. Studies suggest that, if we follow a gradual reduction as in B-TRIM, relapses are uncommon. However, if you do feel you are getting worse you can simply go back to the previous effective (or full) dose at any time.

It's important to remember that no drug is perfect and some patients relapse even on the full dose of medication.



"I don't want to go back to the good old days!"



"Try it a day at a time, go 8 days then possibly 9 and if you started feeling bad you need to go back to 8 days or back to 7 days"

Isn't it all about saving money?

It is true that biological therapies are very expensive and, as with all medications, we have a responsibility not to waste money for the NHS. More importantly, however, our reasons for suggesting any dose reduction are

"These drugs are expensive and you can't dish them out willy-nilly"

overwhelmingly with the aim of reducing the risk of side effects. Saving money could be looked on as an additional benefit.

"It is all very current isn't it at the moment, NHS costs"

If I start to reduce the dose, might I be told I have to stop it altogether?

We can guarantee that we would never ask patients to stop a drug unless it is losing its effect or they develop side effects. We only suggest dose reduction if patients are managing on the lower dose just as well as they were on the full dose.

"It's an expensive drug, £700 a shot, it's an expensive drug and I don't blame them"

Have other people tried this reduction programme?

There are now many research studies that have shown that the dose of biologic therapies can be reduced safely in many patients. European guidelines now tell us that dose reduction should be considered in stable patients and most rheumatology departments in the UK are introducing this option for their patients, so we are in line with the general thinking on this subject.

What are the advantages of reducing the dose?

The main advantage is simply that the less amount of drug you take, the lower the risk of side effects.

Some patients have said there might be other benefits too, such as being more in control of their disease, not

"Instead of the drug controlling my lifestyle I control it if I look at it in a different manner"

having to be around for so many deliveries, and being easier to go on holiday without having to take injections.

"I wouldn't feel so much restricted with the travelling and having to hang around"

Is this a research project?

Some patients say that they don't mind trying to reduce the dose as it gives us better understanding and more information about how best to use these drugs: this may help other patients. However, this is not a research project and we wouldn't be suggesting this if there wasn't already research evidence indicating that it is a reasonable approach. We certainly collect information about how good our own programme is but in no sense are our patients guinea pigs!

What if I don't want to try B-TRIM?

This is your decision and no one will put any pressure on you. Your treatment won't be affected in anyway. We would certainly want to explore the reasons and concerns behind your decision (to make sure you have all the information you need to make your choice) but ultimately the decision is up to you.

Summary

When we talk to patients about B-TRIM, most are very happy to reduce their dose if possible. The main concern expressed by our patients was that they will have to reduce their drug when they don't really want to. However, this is never the case and the patient is always in complete control, with decisions being made by the patient in conjunction with their rheumatology doctor or nurse specialist.

We hope that patients find this and the information in the leaflet reassuring.

With thanks to the North Bristol NHS Trust and their B-TRIM study team and patient participants.

Useful contacts

Versus Arthritis www.versusarthritis.org/

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Department of Rheumatology

Reviewed: March 2022

Next review due: March 2024