

STARTING MEDICINE FOR RHEUMATOID ARTHRITIS: SHOULD I CONSIDER TRIPLE THERAPY?

You have been diagnosed with rheumatoid arthritis (RA). Talk with your rheumatologist about this guide. It can help you decide whether to start taking methotrexate on its own, or to take it with two other medicines, called hydroxychloroquine and sulfasalazine.

1 UNDERSTANDING YOUR OPTIONS

What are DMARDs?

Disease-modifying antirheumatic drugs, or DMARDs, are a group of medicines that treat RA. They work on the immune system to reduce inflammation. This helps stop pain and other symptoms. It also slows the disease.

What is triple therapy?

Methotrexate is usually the first choice DMARD for most patients with RA. **You take it once a week.** Most people take it as a tablet, but it can also be an injection. Read the [low-dose methotrexate action plan](#) to learn more about methotrexate.

You can take methotrexate by itself or with other DMARDs. Examples of other DMARDs are hydroxychloroquine and/or sulfasalazine.

- ▶ **Hydroxychloroquine** is a tablet you take once or twice a day.
- ▶ **Sulfasalazine** is a tablet you take two or three times a day.

Triple therapy is when you take all three of these medicines together.

Your rheumatologist can tell you more about these medicines. They will tell you about any possible side effects.

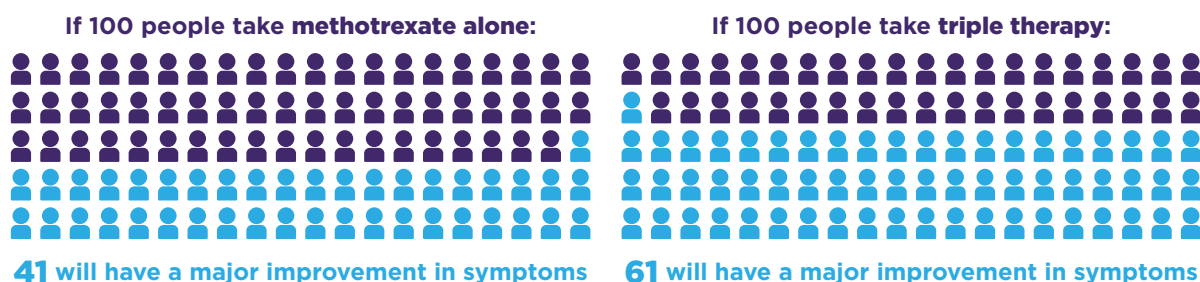
Why consider triple therapy?

The research shows that people who take triple therapy are:

- ▶ more likely to have improved symptoms (such as less pain and fewer swollen joints) than people taking methotrexate alone
- ▶ as likely to have improved symptoms as people taking newer medicines for RA (biological and targeted synthetic DMARDs)
- ▶ no more likely to stop taking their medicine because of side effects than people taking methotrexate alone.

How does triple therapy compare to methotrexate alone?

In people who have never taken methotrexate before:



What are the downsides of taking triple therapy?

People who take triple therapy:

- ▶ are more likely to have problems with their stomach or bowel such as feeling sick (nausea) and loose, watery stools (diarrhoea), than people taking methotrexate alone. Most people can manage these symptoms and don't need to stop taking their medicine.
- ▶ will have to take three medicines instead of one. This means about 40 tablets a week instead of around three.
- ▶ may have the extra cost of taking three medicines, although all are on the Pharmaceutical Benefits Scheme (PBS).

2 Decide what matters to you

Think about how you feel about each statement below to work out what matters most to you.
(Agree/disagree/don't know - tick box)

	Agree	Disagree	Don't know
I want to have the best chance of controlling my pain and symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking three medicines instead of one does not greatly concern me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am worried about side effects if I take three different medicines together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want the ease of taking fewer tablets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you agree with the first two statements, consider starting triple therapy. If you agree with the last two statements, you may prefer to take methotrexate on its own.

What else matters to you?

3 Do you know enough?

YES	NO
<input type="checkbox"/> I want to try taking triple therapy OR <input type="checkbox"/> I want to take methotrexate alone	Talk to your rheumatology healthcare team: <ul style="list-style-type: none"> ▶ rheumatologist ▶ rheumatology nurse ▶ GP ▶ pharmacist.
Now that you have followed these steps, talk over your next steps with your rheumatologist. Remember that you can change your mind at a later time.	You can learn more about biological and targeted medicines in the rheumatoid arthritis roadmap

+TARGETED THERAPIES ALLIANCE

Helping consumers and health professionals make safe and wise therapeutic decisions about biological disease-modifying antirheumatic drugs (bDMARDs) and other specialised medicines. Funded by the Australian Government Department of Health and Aged Care through the Value in Prescribing bDMARDs Program Grant.

