Mizoribine synchronized methotrexate therapy can achieve remission in patients with uncontrolled rheumatoid arthritis independently of concurrent medication. A prospective study

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Disease modifying anti-rheumatoid drugs (DMARDs), mizoribine (MZR) monotherapy or combined therapy with methotrexate (MTX) and infliximab have been reported the efficacy in treatment of rheumatoid arthritis (RA). In the other hand, MZR intermittent therapy is inexpensive comparing with biologics. Based on those reports and economic benefit, we conducted a prospective study of twenty-three RA patients with an inadequate response to various combination therapies of MTX, other DMARDs and biologics. Although different amount of MTX and various combination of other DMARDs such as salazosulfapyridine, steroid and biologics (infliximab and etanercept) had been used, low-dose MZR (100 to 400 mg/week) synchronized MTX therapy significantly improved and achieved remission as measured by DAS28–CRP, DAS28–ESR, SDAI and CDAI at 24 weeks after loading. At week 48, remission was maintained and there were no adverse events through this study. Those preliminary results suggest that low-dose MZR synchronized MTX therapy is well tolerated and provides both clinical and economic benefits in patients with relapsing uncontrolled RA independently of concurrent medication including biologics.