Table 7. Strength of evidence for Benefits and Harms for Selected Populations (KQ4)

For each comparison, the following table provides the strength of evidence for benefits and harms. The table is organized by subgroup, then by drug comparisons.

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| --- | --- | --- | --- | --- | --- | --- |
| **Outcome**  **Drug Comparison**  **Number of Studies**  **# of Subjects** | **Risk of Bias**  **Design/ Quality** | **Consistency** | **Directness** | **Precision** | **Results** | **Strength of Evidence** |
| **Stage of Disease:**  MTX vs. ETA vs. MTX+ETA  1 Post hoc analysis  N = 1,091 | Medium to High  Posthoc analysis/Fair | Unknown, single study | Direct | Imprecise | Moderate RA groups on MTX monotherapy or combinations had better DAS28 scores than those with severe disease; HAQ scores better in moderate RA groups on monotherapy; severe RA monotherapy groups had greater mean change scores in DAS28 from baseline than moderate RA | Low |
| **Age:** MTX in age groups  1 Systematic Review  N = 496 | Medium  Systematic Review/Fair | Unknown, single study | Direct | Imprecise | Inverse relationship between age and risk for major clinical improvement | Low |
| **Age:** Various agents in the elderly  1 Case control study  N = 946 | Medium to High  Case control study/Fair | Unknown, single study | Direct | Imprecise | Oral glucocorticoids and cytotoxic immunosuppressive agents (such as LEF) increased risks for cardiovascular events. No differences in cardiovascular events for biologics (ADA, ETN, INF, ANK) | Low |
| **Concomitant Therapies:** ANK  1 RCT  N = 1,399 | Medium  RCT/Fair | Unknown, single study | Direct | Imprecise | No differences in adverse events when taking antihypertensive, antidiabetic, or statin pharmacotherapies | Low |
| **Comorbidities:** ANK use in those with high risk comorbid conditions  1 RCT  N = 951 | Medium  RCT/Fair | Unknown, single study | Direct | Imprecise | No differences between treatment groups in regard to serious adverse events or overall infectious events | Low |
| **Comorbidities:** MTX use in those with renal impairment  1 Systematic Review  N = 496 | Medium  Systematic Review/Fair | Unknown, single study | Direct | Imprecise | Risk of severe toxicity and respiratory toxicity higher in those with greater renal impairment | Low |

AKA, anakina; CHF, congestive heart failure; DAS, disease activity score; ETA, etanercept; HAQ, health assessment questionnaire, MTX methotrexate; RA, rheumatoid arthritis; RCT, randomized controlled trial; TNF, tumor necrosis factor.