中文題目：類風濕性關節炎患者使用抗腫瘤壞死因子治療與失智症發生率關係探討

英文題目：Anti–Tumor Necrosis Factor Therapy and Incidence of Dementia among Patients with Rheumatoid arthritis

作　　者：連育楷[1]，張克宇[1]，張晉魁[1 2]，李向嚴[1 2]，林子閔[1 2 3]，張棋楨[1 2 3]

服務單位：[1]臺北醫學大學附設醫院內科部，[2]臺北醫學大學附設醫院內科部過敏免疫風濕科，[3]臺北醫學大學醫學院醫學系

Introduction:

Rheumatoid arthritis (RA) and Alzheimer disease (AD) are both characterized by chronic inflammation. Patients with RA seem to exhibit an increased risk of dementia. Studies investigating the relationship between tumor necrosis factor (TNF)-α blocker use and risk of dementia in patients with RA are lacking. This study investigated whether TNF-α blocker use is associated with a lower risk of dementia in patients with RA.

Methods:

This population-based cohort study was completed using Taiwan's National Health Insurance Research Database (NHIRD) and included RA patients with and without TNF-α blocker use. After 1:4 individual matching, a stratified Cox proportional hazard model was applied to compare the risk of dementia in RA patients with and without TNF-α blocker use.

Results:

A total of 3987 RA patients with TNF-α blocker use and 20,689 RA patients without TNF-α blocker use (comparison) were selected from the NHIRD. During observation, there was no significant difference in the risk of dementia between RA patients with or without TNF-α blockers use overall. After further classification of TNF-α blocker exposure, the risk of dementia was 0.58 times lower in RA patients (adjusted hazard ratio [aHR] = 0.578, 95% confidence interval [CI] = 0.342–0.977) with long-term (>180 cumulative defined daily dose [DDD]) TNF-α blocker use than in those without TNF-α blocker use after adjustment for age, sex, and comorbidities. A high cumulative dose (>1036 cDDD) of TNF-α blockers was also associated with a lower risk of dementia (aHR = 0.387, 95% CI = 0.188–0.793).

Conclusion:

In this nationwide cohort study, the risk of dementia was significantly lower among RA patients with long-term usage or a high cumulative dose of TNF-α blockers.