Transcript Details
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ReachMD
www.reachmd.com
info@reachmd.com
(866) 423-7849

Early Arthritis Insights from the CATCH Cohort

Announcer:
You're listening to *Living Rheum* on ReachMD. On this episode, we'll hear from Dr. Louis Bessette, who's a Professor of Medicine at Université Laval and the Director of the Centre for Osteoporosis and Rheumatology of Québec. He'll be sharing key insights on early arthritis from the CATCH cohort, which he spoke about at the Congress of Clinical Rheumatology East conference. Here's Dr. Bessette now.

Dr. Bessette:
So CATCH, or the Canadian Early Arthritis Cohort, is a national, multicenter, prospective cohort that has followed nearly 4,000 patients with newly diagnosed inflammatory arthritis across 25 academic and community sites in Canada, and that cohort started in 2007. What makes CATCH particularly valuable is that it captures real-life, high-quality, standardized data very early in the course of the disease, often within the first few weeks after the onset of symptoms. Actually, I think most patients were six weeks into the disease when they were recruited in CATCH. So unlike randomized controlled trials, CATCH reflects what actually happens in routine clinical practice. It integrates detailed clinical assessment, treatment and management, and an unusually rich set of patient-reported outcomes.

Several findings stand out. First, what we found is that early optimized methotrexate-based therapy works very well in most patients. We have shown that rapid initiation within a few days after diagnosis and early dose optimization, including subcutaneous methotrexate or combination with csDMARD strategies, leads to higher rates of remission and, over time, very few treatment changes.

The second finding is that CATCH highlighted that achieving remission is common, but sustaining remission is very difficult. In our CATCH cohort, less than half of patients remain in remission one or two years after reaching remission. So there are many factors that may explain why patients transition between remission and low disease activity, such as female sex, smoking, obesity, comorbid conditions, delayed response, and some patients did some treatment tapering over time that lead to losing remission.

Another major insight is the impact of social determinants and comorbidities. What we found is that lower socioeconomic status and higher comorbidity burden are consistently associated with worse outcomes despite very similar strategies between these patients.

Finally, CATCH has shown that non-inflammatory pain and mental health in patient-reported symptoms are the central drivers of disease burden, especially in the first year and are often under-recognized in the treatment strategy that we use in clinics.

CATCH has reinforced several shifts in practice. Clinicians are much more confident in starting DMARDs immediately and aiming for disease control within the first three to six months, using a treat-to-target strategy, and using the validated indices of disease activity, such as the SDAI.

The data have also pushed us to think beyond inflammation alone. There is growing evidence that patient-reported outcomes, pain mechanisms, comorbid conditions, and adherence must be addressed very early if you want durable remission for patients. The CATCH findings also highlight guidelines around chronic glucocorticoid use and treatment escalation in some patients, reminding us where real-world practice can still improve.

Announcer:
That was Dr. Louis Bessette talking about his presentation at the Congress of Clinical Rheumatology East conference, which focused on what the CATCH cohort has taught us about early arthritis. To access this and other episodes in our series, visit *Living Rheum* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!

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