



# Inequalities in biologics utilization for rheumatoid arthritis according to socioeconomic status

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The introduction of biologics has substantially improved the treatment of rheumatoid arthritis (RA) [1]. Biologics effectively control disease activity, slow radiographic damage, and enhance physical function in patients with RA [2]. Despite their effectiveness, biologics are not universally accessible to all patients with RA. Studies have demonstrated that patients with low socioeconomic status (SES) have limited access to biologics [3,4]. Several factors may contribute to this disparity, including the high cost of biologics, higher incidence of comorbidities, limited access to healthcare resources, and suboptimal health behaviors among patients with low SES [5-7]. However, few studies have investigated the association between SES and the utilization of biologics, or the mechanisms underlying this association.

Kim et al. [8] assessed the association between SES and biologics utilization in patients with RA using data from the Korean Observational Study Network for Arthritis database. The results demonstrated that low SES negatively impacted biologics use in patients with RA. Although lifestyle, healthcare habits, and comorbidities were closely associated with SES, these factors did not mediate the association between a low SES and lower biologics use. Conversely, low income and education levels independently and synergistically exerted negative impacts on biologics use.

These findings highlight the need for policy interventions to address socioeconomic disparities. Ensuring equitable access to biologics for all patients with RA, regardless of their SES, is crucial for optimal disease management and favorable patient outcomes. To address the socioeconomic disparities in biologics use among patients with RA, policy interventions should focus on minimizing barriers associated with low SES, enhancing control of disease activity, and in-

creasing access to biologics for patients with low SES.

Healthcare providers should play a proactive role in addressing these disparities. By understanding the SES of patients, clinicians can provide more personalized care that considers the financial and educational barriers to treatment. Furthermore, improving health literacy and fostering a supportive environment for treatment adherence are crucial.

This study enhances our understanding on the influences of socioeconomic factors on the utilization of biologics in the treatment of RA. It highlights the need for policymakers and healthcare providers to address the inequities within healthcare systems. Fostering a more equitable approach to RA management can ensure that all patients, regardless of their SES, can benefit from advancements in biologics. The pursuit of healthcare equity is crucial not only for achieving social justice but also for improving overall health outcomes in society. By prioritizing equity and inclusivity in healthcare policies and practices, high-quality healthcare can be provided to all individuals, regardless of their SES.

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