Sleep Disturbances and Interleukin 6 Receptor Inhibition in Rheumatoid Arthritis

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ABSTRACT. Objective. Interleukin 6 (IL-6)-mediated interactions have been associated with sleep disturbances in healthy subjects. In this pilot study we examined whether administration of the IL-6 receptor antagonist tocilizumab in patients with rheumatoid arthritis (RA) affects sleep disturbances.

Methods. Fifteen patients (13 women) with sleep disturbances at baseline received 6 monthly infusions of tocilizumab 8 mg/kg for moderately or severely active RA. Sleep quality was assessed by Pittsburgh Sleep Quality Index (PSQI), daytime sleepiness by Epworth Sleepiness Scale, disease activity by the 28-joint Disease Activity Score-erythrocyte sedimentation rate, functional disability by Health Assessment Questionnaire Disability Index (HAQ-DI), and fatigue by the Functional Assessment of Chronic Illness Therapy (FACIT-Fatigue Scale; FFS) at baseline and first, second, third, and sixth month of treatment. Medications used before enrollment remained unchanged during followup.

Results. Sleep quality improved and daytime sleepiness decreased significantly at first-month assessment (p < 0.00001 and p < 0.004, respectively, by repeated measurement analysis) compared to baseline, and these changes became more evident through 6 months. Disease activity decreased, fatigue decreased, and functional status improved significantly. Changes in PSQI score over time were not associated with the corresponding changes in DAS28-ESR (r = 0.37, p = 0.17), but correlated significantly with HAQ-DI changes (r = 0.60, p = 0.02) and marginally with changes in FFS scores (r = –0.46, p = 0.08).

Conclusion. Improvement of sleep quality after tocilizumab treatment in patients with RA does not appear to directly result from decreased disease activity, further suggesting that aberrant IL-6 regulation is associated with sleep disturbances. (First Release Dec 1 2011; J Rheumatol 2012;39:60–2; doi:10.3899/jrheum.110617)

Key Indexing Terms: SLEEP DISTURBANCES TOCILIZUMAB INTERLEUKIN 6 RHEUMATOID ARTHRITIS
Statistical analysis. To examine the significance of changes of variables measured longitudinally (PSQI, ESS, DAS28-ESR, HAQ-DI, and FFS) during followup, linear mixed models with random intercept and random slope were applied, in order to take into account the correlation between repeated measurements on the same individual. To analyze whether the rates of change in variable scores (PSQI and ESS) correlated with the corresponding rates of other variables (DAS28-ESR, HAQ-DI, and FFS scores) we first summarized each individual’s trajectory by deriving an estimate of the rate of change (slope) through simple linear regressions on his/her measurements over time for each of the aforementioned variables. Having an estimate of the slope for each individual and each variable, we investigated potential associations between each variable’s slopes, using Pearson’s correlation coefficient. Paired t test was applied for detecting statistically significant changes in PSQI and ESS from baseline to first infusion of tocilizumab. A p value < 0.05 was considered the level of statistical significance.

RESULTS
Fifteen patients (13 women) participated, mean age 48 ± SD 9 years (range 34–65 yrs), with mean disease duration 8.4 ± 6.54 years (range 2–23 yrs). A significant improvement in PSQI was observed from baseline to 6 months (from 7.5 ± 2.3 to 6.8 ± 2.5; p = 0.005 by paired t test), which was evident after the first tocilizumab infusion (Figure 1A). At the first-month assessment, the quality of sleep improved in 8 patients and further progressive improvement was evident up to the sixth month in 4 of them. Of the remaining 7 patients without improved sleep quality after the first tocilizumab infusion, 4 reported improvement through the following months.

Compared to baseline, a significant improvement of sleep quality was accompanied by significant decreases in daytime sleepiness (Figure 1B), which became significant at the first-month assessment (ESS from 6.9 ± 4.8 to 5.5 ± 4.5; p = 0.01, paired t test); daytime sleepiness at first month decreased in 10 patients, increased in 1, and remained unchanged in 4 patients. Through the following months, daytime sleepiness was further decreased in 7 of 10 patients who had a favorable response at the first month, whereas improvements were also noted in 3 of those 4 patients with unchanged ESS at first month.

During the 6 months of tocilizumab treatment, and compared to baseline assessments, fatigue decreased progressively and functional status improved, whereas disease activity decreased (Table 1). Further analysis revealed that individual changes in PSQI scores from baseline to first month, from first to second, from second to third, and from third to sixth month of treatment did not correlate with the corresponding individual changes in DAS28-ESR, but correlated positively with improvement in HAQ-DI and marginally with decreased fatigue (Table 2). No significant correlations were found between decreases of daytime sleepiness and changes in DAS28-ESR, HAQ-DI, and FFS scores. A strong correlation was noted between individual decreases in DAS28-ESR and HAQ-DI scores during the 6 months’ treatment (r = 0.75, p = 0.001).

DISCUSSION
Considering the limitations of a pilot study and the small number of patients, our results suggest that tocilizumab treatment is associated with rapid and significant improvement in sleep quality and daytime sleepiness independent of changes in disease activity. Poor sleep quality and related daytime sleepiness are common in RA. Disease activity and depression have been associated with increased risk of sleep disturbances and vice versa.

Elevated levels of TNF and IL-6 were found in individuals with sleep apnea, whereas increased endogenous IL-6 or exogenous IL-6 administration in patients with cancer was associated with daytime sleepiness and fatigue. Proinflammatory cytokines were also elevated in subjects with experimentally induced sleepiness. Cytokines can induce sleepiness by crossing the blood-brain barrier and through peripheral autonomic efferent nerves or links between the immune and endocrine systems. Effects of anticytokine treatment on sleep have been examined only sporadically. Sleep and alertness improved after anti-TNF treatment, independent of disease status, in a study of 6...

Figure 1. Changes in Pittsburgh Sleep Quality Index (PSQI) scores (A) and Epworth Sleepiness Scale (ESS) scores (B) in 15 patients with RA who received 6 monthly infusions of tocilizumab 8 mg/kg for active disease. Box plots show median values and 25th-75th quantiles. Dots represent outlier values. P values denote significance by linear mixed models.
ACKNOWLEDGMENT

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REFERENCES


Table 1. Changes in scores of disease activity by DAS28-ESR, functional status and disability by Health Assessment Questionnaire (HAQ-DI), and fatigue by FACIT-Fatigue Scale (FFS) in 15 patients with active rheumatoid arthritis from baseline through 6 months of treatment with tocilizumab (8 mg/kg). Data are mean ± SD.

<table>
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<th>Baseline</th>
<th>1st Month</th>
<th>2nd Month</th>
<th>3rd Month</th>
<th>6th Month</th>
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<td>DAS28</td>
<td>5.77 ± 1</td>
<td>4.38 ± 0.88</td>
<td>3.6 ± 0.97</td>
<td>2.7 ± 0.88</td>
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<td>HAQ-DI</td>
<td>1.5 ± 0.8</td>
<td>1.1 ± 0.66</td>
<td>1 ± 0.58</td>
<td>0.9 ± 0.6</td>
<td>0.7 ± 0.6</td>
<td>&lt; 0.00001</td>
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<tr>
<td>FFS</td>
<td>20.3 ± 11</td>
<td>28.3 ± 11.3</td>
<td>33.7 ± 12</td>
<td>36.4 ± 10</td>
<td>38 ± 9.93</td>
<td>&lt; 0.00001</td>
</tr>
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* Calculated by linear mixed models. DAS28-ESR: 28-joint Disease Activity Score-erythrocyte sedimentation rate; FACIT: Functional Assessment of Chronic Illness Therapy.

Table 2. Correlation of PSQI and ESS with DAS28-ESR, HAQ-DI, and FFS during tocilizumab treatment. Correlations by Pearson’s coefficient (r) between the individual changes in scores of Pittsburgh Sleep Quality Index (PSQI) and of Epworth Sleepiness Scale (ESS) with the corresponding changes of DAS28-ESR, Health Assessment Questionnaire Disability Index (HAQ-DI), and FACIT-Fatigue Scale (FFS), in 15 tocilizumab-treated patients with rheumatoid arthritis from baseline through 6 months.

<table>
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<th>HAQ-DI</th>
<th>FFS</th>
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<td>PSQI r</td>
<td>0.37, p = 0.17</td>
<td>r = 0.6, p = 0.02</td>
<td>r = -0.46, p = 0.08</td>
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<tr>
<td>ESS r</td>
<td>-0.01, p = 0.96</td>
<td>r = -0.05, p = 0.86</td>
<td>r = -0.36, p = 0.2</td>
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