

EULAR: Ten years at the forefront of Rheumatoid Arthritis management

28 January, 2020, Kilchberg, Switzerland – The European League Against Rheumatism, EULAR, has announced updated recommendations for the management of patients with rheumatoid arthritis (RA) in its newly published paper, ‘EULAR Recommendations for the management of rheumatoid arthritis with synthetic and disease-modifying antirheumatic drugs: 2019 update’.

The recommendations are intended to assist rheumatologists, health professionals, patients and other stakeholders with the most recent evidence regarding the management of patients with RA.

Since initial publication in 2010, followed by updates in 2013 and 2016, latest citation data show that the recommendations and related systemic literature reviews have been cited in total almost 4,500 times in the last decade, with the overall citation rate in 2019 alone sitting at 700*. These EULAR Recommendations therefore continue to provide the benchmark in the management of RA globally.

Based on two systematic literature reviews and on expert opinion, an international, multidisciplinary task force comprising rheumatologists, patients and health professionals was set up by EULAR. This task force has formulated five overarching principles and 12 recommendations. Some recommendations remain unchanged from previous EULAR guidelines, but others reflect new data and evidence.

The five overarching principles are:

1. Treatment of RA patients should aim at the best care and must be based on a shared decision between the patient and the rheumatologist.
2. Treatment decisions are based on disease activity and other patient factors, such as progression of structural damage, comorbidities and safety issues.
3. Rheumatologists are the specialists who should primarily care for RA patients.
4. Patients require access to multiple drugs with different modes of action to address the heterogeneity of RA; they may require multiple successive therapies throughout life.
5. RA incurs high individual, medical and societal costs, all of which should be considered in its management by the treating rheumatologist.

The twelve updated recommendations address the use of all types of disease-modifying antirheumatic drugs (DMARDs):

(Note: Indications of the strength of recommendations follow the Oxford Levels of Evidence. Strength A indicates the highest levels of evidence from trials; Strength B indicates somewhat lower levels of evidence from trials with higher risk of bias; Strength D indicates recommendations based primarily on expert opinion.)

1. Therapy with DMARDs should be started as soon as the diagnosis of RA is made. (A)
2. Treatment should be aimed at reaching a target of sustained remission or low disease activity in every patient. (A)
3. Monitoring should be frequent in active disease (every 1-3 months); if there is no improvement by 3 months, at most, after the start of treatment or the target has not been reached by 6 months, therapy should be adjusted. (B)
4. Methotrexate (MTX) should be part of the first treatment strategy. (A)
5. In patients with a contraindication to MTX (or early intolerance), leflunomide or sulfasalazine should be considered as part of the (first) treatment strategy. (A)
6. Short term glucocorticoids should be considered when initiating or changing csDMARDs, in different dose regimens and routes of administration, but should be tapered as rapidly as clinically feasible. (A)
7. If the treatment target is not achieved with the first csDMARD strategy, in the absence of poor prognostic factors, other csDMARDs should be considered. (D)

8. If the treatment target is not achieved with the first csDMARD strategy, when poor prognostic factors are present, a bDMARD or a tsDMARD should be added. (A)
9. bDMARDs and tsDMARDs should be combined with a csDMARD; in patients who cannot use csDMARDs as comedication, IL-6 pathway inhibitors and tsDMARDs may have some advantages compared to other bDMARDs. (A)
10. If a bDMARD or tsDMARD has failed, treatment with another bDMARD or a tsDMARD should be considered; if one TNF inhibitor therapy has failed, patients may receive an agent with another mode of action or a second TNF inhibitor (TNFi). (A)
11. If a patient is in persistent remission after having tapered glucocorticoids, one can consider tapering bDMARDs or tsDMARD, especially if this treatment is combined with a csDMARD.(A)
12. If a patient is in persistent remission, tapering the csDMARD could be considered. (B)

A glossary accompanies these recommendations:

- Conventional synthetic DMARDs (csDMARDs) comprise methotrexate, sulfasalazine or leflunomide
- Biologic DMARDs (bDMARDs) include four classes: tumour necrosis factor inhibitors (TNFi) interleukin-6 (IL-6) receptor inhibitors, costimulation inhibition and anti-B-lymphocyte agent
- The most recently approved agents are Janus kinase inhibitors, which are incorporated into the term targeted synthetic DMARDs (tsDMARDs)
- When referring to remission, EULAR infers its stringent remission criteria, which it developed in cooperation with the American College of Rheumatology, ACR.

These updated EULAR Recommendations provide the most recent information on the management of RA with respect to benefit, safety, preferences and cost. Rheumatoid Arthritis is an inflammatory disease, affecting the lining of the body's joints, which can lead to physical disability as well as affecting other parts of the body. Early diagnosis is essential in order to control inflammation, with controls based on symptoms, examination findings and blood tests carried out at regular intervals.

Sources

* Web of Science, www.webofknowledge.com

About EULAR

The European League against Rheumatism (EULAR) is the European umbrella organisation representing scientific societies, health professional associations and organisations for people with rheumatic and musculoskeletal diseases (RMDs). EULAR aims to reduce the burden of RMDs on individuals and society and to improve the treatment, prevention and rehabilitation of RMDs. To this end, EULAR fosters excellence in education and research in the field of rheumatology. It promotes the translation of research advances into daily care and fights for the recognition of the needs of people with RMDs by the EU institutions through advocacy action.

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Notes to Editors

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EULAR Strategy: https://www.eular.org/eular_strategy_2018.cfm

EULAR School: <https://esor.eular.org/>

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