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HOW TO GET THE MOST BENEFIT FROM DMARDS
KAKO POSTIĆI NAJBOLJI UČINAK PRIMJENOM TEMELJNIH ANTIREUMATIKA

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This year has seen the update of the EULAR Recommendations for the management of rheumatoid arthritis (RA) presented at the EULAR congress in Barcelona. The process of development included 50 international experts in methodology and various aspects of RA treatment. Key areas include early introduction of therapy and treat to target principles with shared decisionmaking between the patient and rheumatologist. There were also interesting areas of focus related to pre-RA, interstitial lung disease (ILD), the choice of DMARD, the use of corticosteroids and the tapering of therapy. Recommendations of this sort provide a resource for achieving the best use of DMARDs and improving the treatment of people with RA by merging the evidence of literature reviews with the pragmatic approach of clinicians.

Despite major advances described in the recommendations there are still many patients who experience pain, fatigue and sometimes depression and anxiety. These have been highlighted in definitions of 'difficult to treat RA' and there is ongoing work in this area. It has shown that some individuals have pain despite no inflammation being visible by clinical examination, laboratory measures or ultrasound. Interesting work is underway in this area using advanced structural and functional brain scans.

In our clinics we are always trying to make sure that people with RMDs get the right DMARD treatment at the right time in a safe way. Safety is a key concern, and close attention is paid to mitigating risks of treatment with particular therapies. This may include screening for TB for anti-TNF therapies and considering CV risk and vaccination for herpes zoster for patients about to receive JAK inhibitors.

Precision medicine studies have tried to identify individuals most likely to respond the different DMARDs. They have used US-guided biopsies to allow histological examination of synovial tissue and varies forms of 'omics' to look at the molecular biological signatures of certain cell types. Away from this approach using laboratory science is the concept of 'pre-habilitation' championed by colleagues in oncology. The principle relies on making sure that prior to therapy all patients are given help and advice with diet, fitness and psychological support to get the most out of DMARDs. RA patients are likely to benefit from the same approach. Are we sure we maximise smoking cessation, reduction of BMI and appropriate exercise? Currently there is also interest in the use of anti-obesity drugs in many parts of medicine. This seems likely to achieve weight reduction with the expected improvements in CV risk and diabetes. However, there is also some evidence that GLP-1 agonists may also reduce inflammation and improve response to DMARD therapy.

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