EULAR Rheumatoid Arthritis Treatment Recommendations[1]

The 2019 EULAR recommendations provide consensus on the most recent evidence for optimal management of patients with RA.

Overarching principles

Five general principles serve as the foundation upon which the recommendations are based.

Aim for the best care, based on shared decision-making

Rheumatologists should primarily care for RA patients

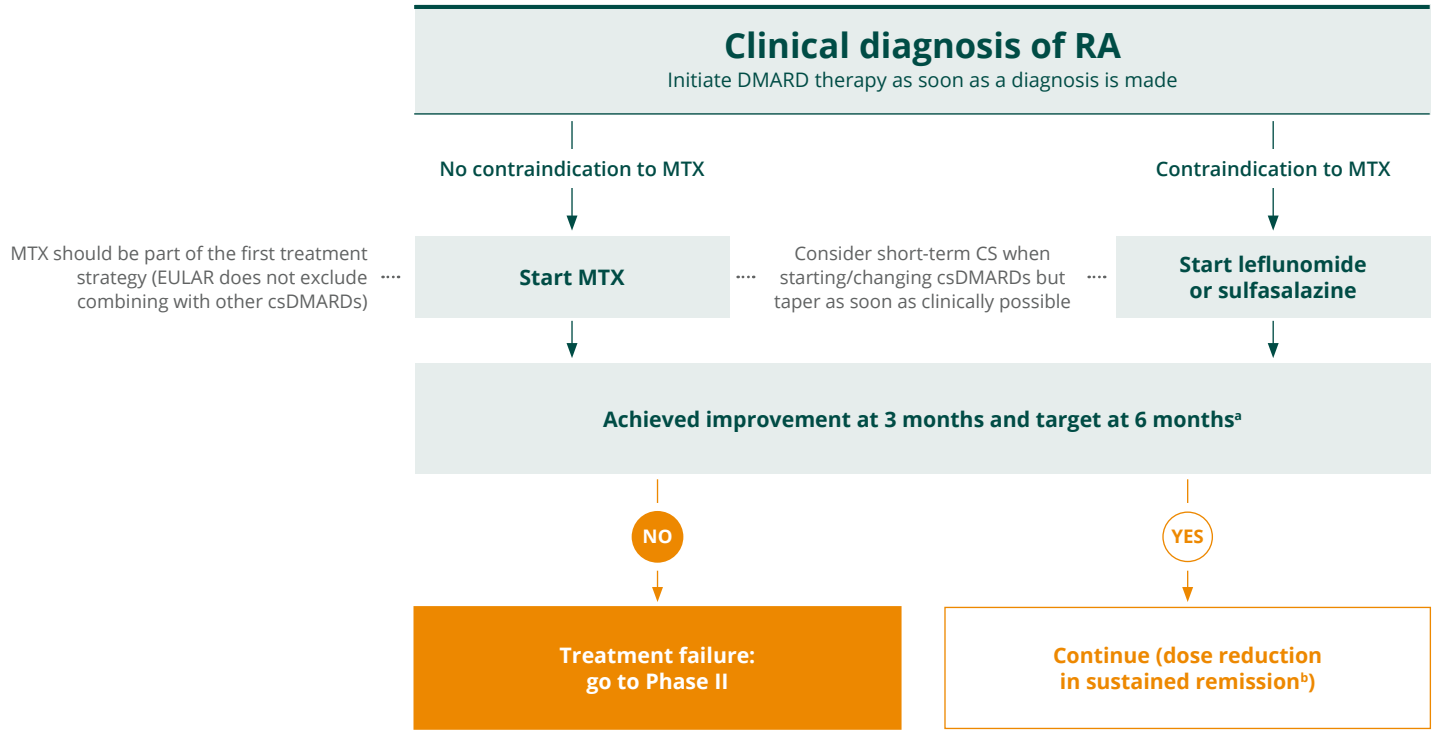
When managing RA, consider the high individual, medical, and societal costs

Heterogeneity of RA may require drugs with different MOAs; thus patients may require access to multiple therapies throughout life

Base treatment decisions on disease activity, safety issues, and other patient factors (eg, comorbidities, progression of structural damage)

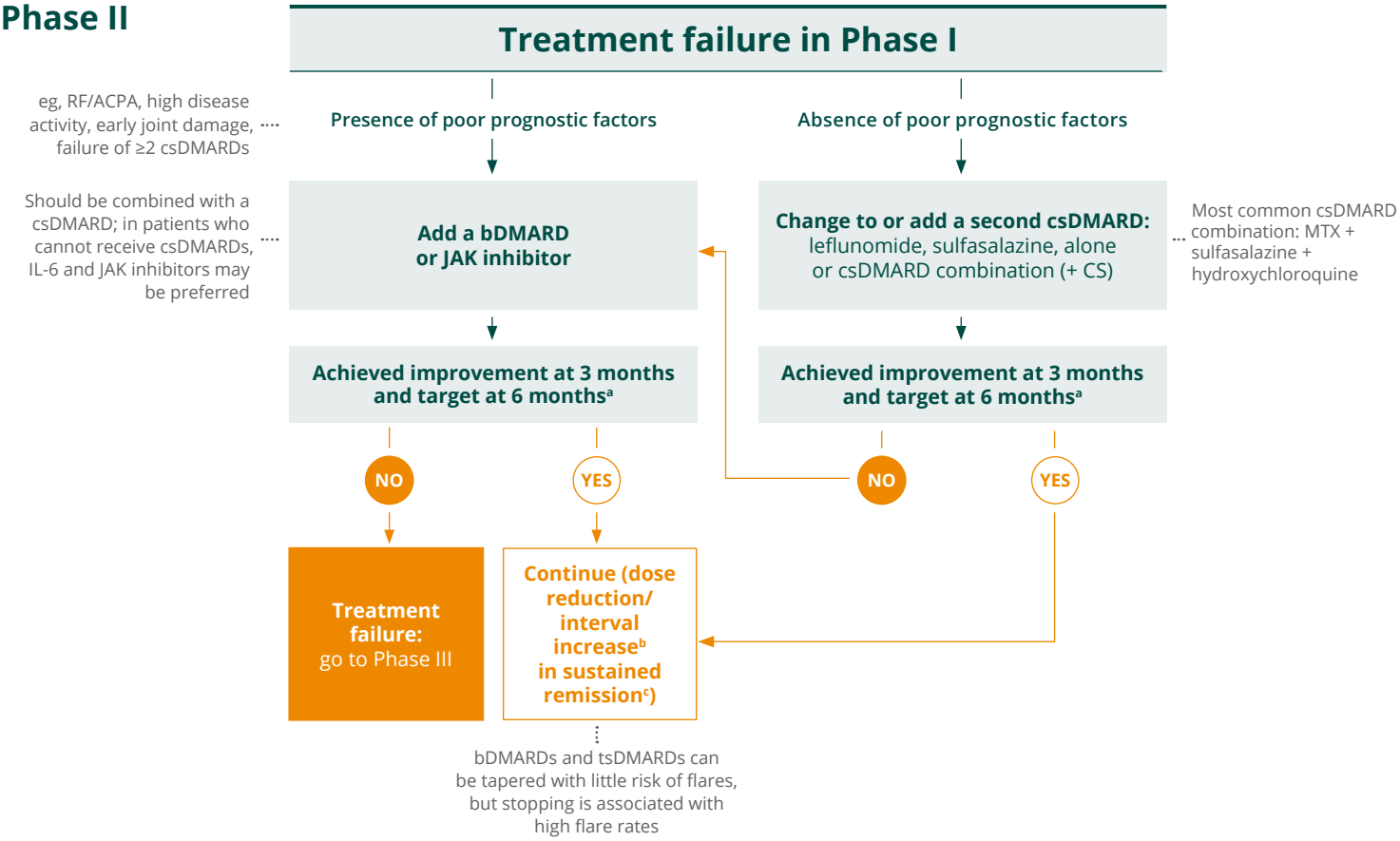
EULAR guidelines for the management of RA

Phase I



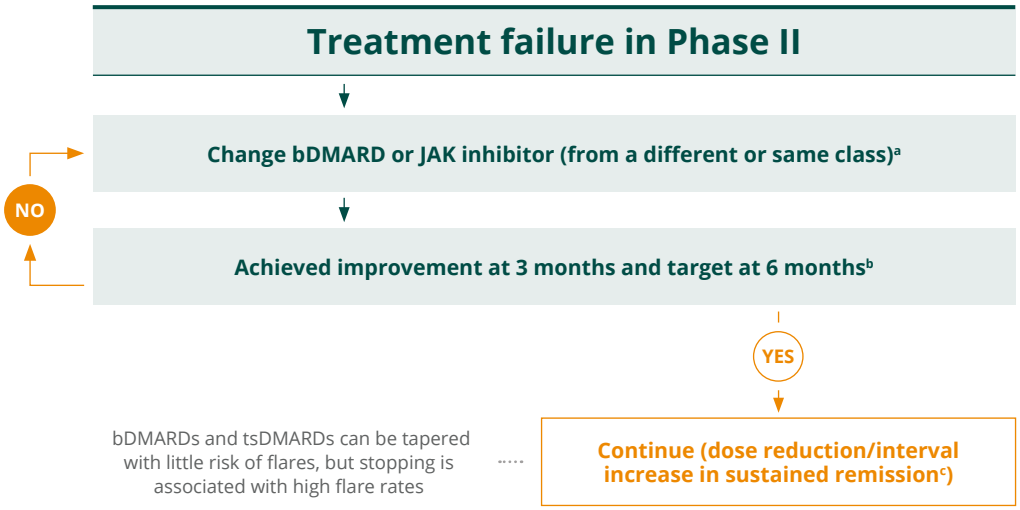
[a] Treatment target is clinical remission, or LDA if remission is unlikely. Monitoring should be frequent in active disease (every 1-3 months).
[b] Defined as ≥6 months ACR/EULAR index- or Boolean-based remission.

Phase II



[a] Treatment target is clinical remission, or LDA if remission is unlikely. Monitoring should be frequent in active disease (every 1-3 months).
[b] Use interval increase strategy only for the treatment pathway with poor prognostic factors.
[c] Defined as ≥6 months ACR/EULAR index- or Boolean-based remission.

Phase III



[a] Efficacy and safety have not been established for bDMARDs or subsequent JAK inhibitors after JAK inhibitor failure or for subsequent IL-6 inhibitors after IL-6 inhibitor failure.
[b] Treatment target is clinical remission, or LDA if remission is unlikely. Monitoring should be frequent in active disease (every 1-3 months).
[c] Defined as ≥6 months ACR/EULAR index- or Boolean-based remission.

- **If a patient is in persistent remission after tapering CS, consider tapering bDMARDs or tsDMARDs, especially if treatment is combined with a csDMARD**
- **If a patient continues in persistent remission, consider also tapering the csDMARD**

Galápagos

ACPA, anticitrullinated protein antibody; ACR, American College of Rheumatology; bDMARD, biologic disease-modifying antirheumatic drug; CS, corticosteroid; csDMARD, conventional synthetic disease-modifying antirheumatic drug; DMARD, disease-modifying antirheumatic drug; EULAR, European Alliance of Associations for Rheumatology; IL-6, interleukin-6; JAK, Janus kinase; LDA, low disease activity; MOA, mechanism of action; MTX, methotrexate; RA, rheumatoid arthritis; RF, rheumatoid factor; tsDMARD, targeted synthetic disease-modifying antirheumatic drug.

Reference: 1. Smolen JS, Landewé RBM, Bijlsma JWJ, et al. *Ann Rheum Dis.* 2020;79(1):685-699.

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