Issue 4 | July 2013

IRA e-bulletin

Newsletter For Health Professionals in Rheumatology

News from EULAR 2013

Revised EULAR RA guidelines

The 2013 draft revision keeps conventional synthetic disease-modifying antirheumatic drugs (DMARDs) as the only first-line interventions for newly diagnosed patients with rheumatoid arthritis (RA). All biologic DMARDs should be used as a second-line treatment for patients who fail to respond adequately to or are intolerant of methotrexate or the other conventional, synthetic DMARDs cited as first-line options: sulfasalazine, hydrochloroquine and leflunomide.

The new draft does not advocate the use of biologics as first DMARD strategies because the treat-to-target approach will lead to a similar overall outcome while avoiding the overtreatment of 20–50% of patients with early RA. The revision also does not endorse monotherapy with a TNF inhibitor or any other type of biologic DMARD.

Another major break from the past in the new revision is its leveling of the role for tocilizumab (Actemra) and abatacept (Orencia) alongside the several TNF inhibitors.

EULAR draft further singles out tocilizumab as the 'preferred agent' for patients who must receive a biologic DMARD as monotherapy rather than the preferred way, in combination with methotrexate. Preference is given to combining all biologicals with methotrexate.

The 2013 task force reiterates the evidence-based view that conventional synthetic DMARD monotherapy is effective, but based on some newer trial data on conventional synthetic DMARD combination therapy, the task force more explicitly endorses combination of conventional synthetic DMARDs early on.

Abatacept and Adalimumab have similar efficacy for RA at 2 Years

Abatacept and adalimumab have similar efficacy and safety in patients with moderate-to-severe rheumatoid arthritis (RA), according to the first head-to-head trial comparing the agents. The AMPLE trial is a phase 3 randomized study of 646 biologic-naïve patients with active RA on a stable dose of methotrexate.

First-year results showed that 64.8% of the abatacept-treated patients and 63.4% of the adalimumab-treated patients achieved at least a 20% response, according to American College of Rheumatology criteria *(Arthritis Rheum*. 2013;65:28–38). About 85% experienced inhibition of radiographic progression.

Final 2-year results comparing the antitumor necrosis factor inhibitors show the responses observed at year 1 were maintained. Both drugs achieved similar clinical efficacy and inhibition of radiographic disease progression.