

Moderne Basistherapien in der Rheumatologie: was muss der Grundversorger wissen?

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Disclosures:

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 - Roche, MSD, Abbvie, Grünenthal, Amgen, Janssen, Astra, GSK, Vifor

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Entzündlich-rheumatische Erkrankungen

- Rheumatoide Arthritis [RA]
- Spondyloarthritis (assoziiert mit Psoriasis und entzündlichen Darmerkrankungen)
- Konnektivitiden (Systemischer Lupus erythematosus, etc)
- Vaskulitiden (Riesenzellerteriitis [RZA], Polymyalgia rheumatica [PMR] und ANCA-assoziierte Vaskulitiden)
- Autoinflammatorische Erkrankungen
- Metabolische Erkrankungen (Arthritis urica, CPPD-Arthropathie, etc)

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Übersicht Basismedikamente

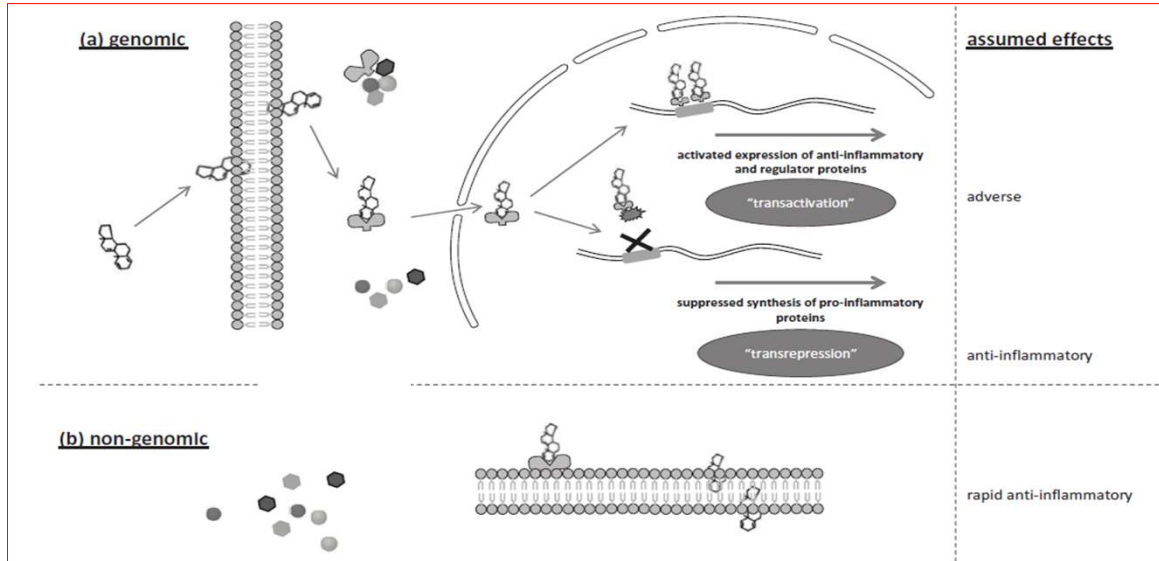
- Glukokortikoide
- Disease-Modifying-Anti-Rheumatic Drugs (DMARDs)
- Biologica
- Targeted DMARDs (Jak-inhibitoren)

- Methotrexat
- Sulfasalazin
- Antimalarika
- Leflunomid
- Azathioprin
- Mycophenolate Mofetil

- Tofacitinib
- Baricitinib
- Upadacitinib

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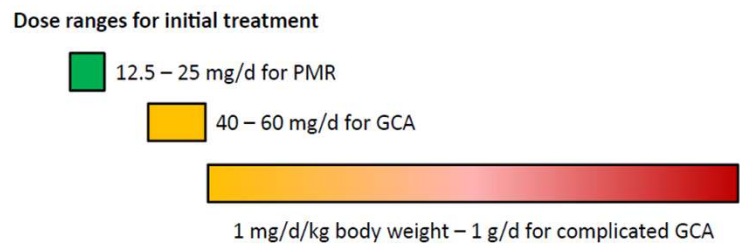
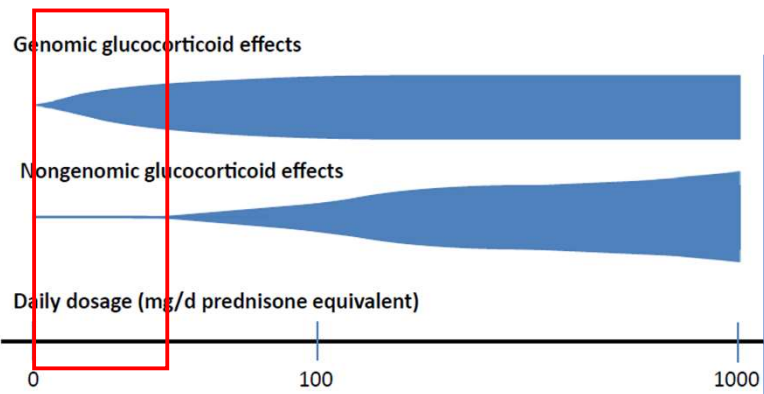
Glukokortikoide: molekulare Wirkungen



EXPERT OPINION ON INVESTIGATIONAL DRUGS, 2017 <http://dx.doi.org/10.1080/13543784.2017.1276562>



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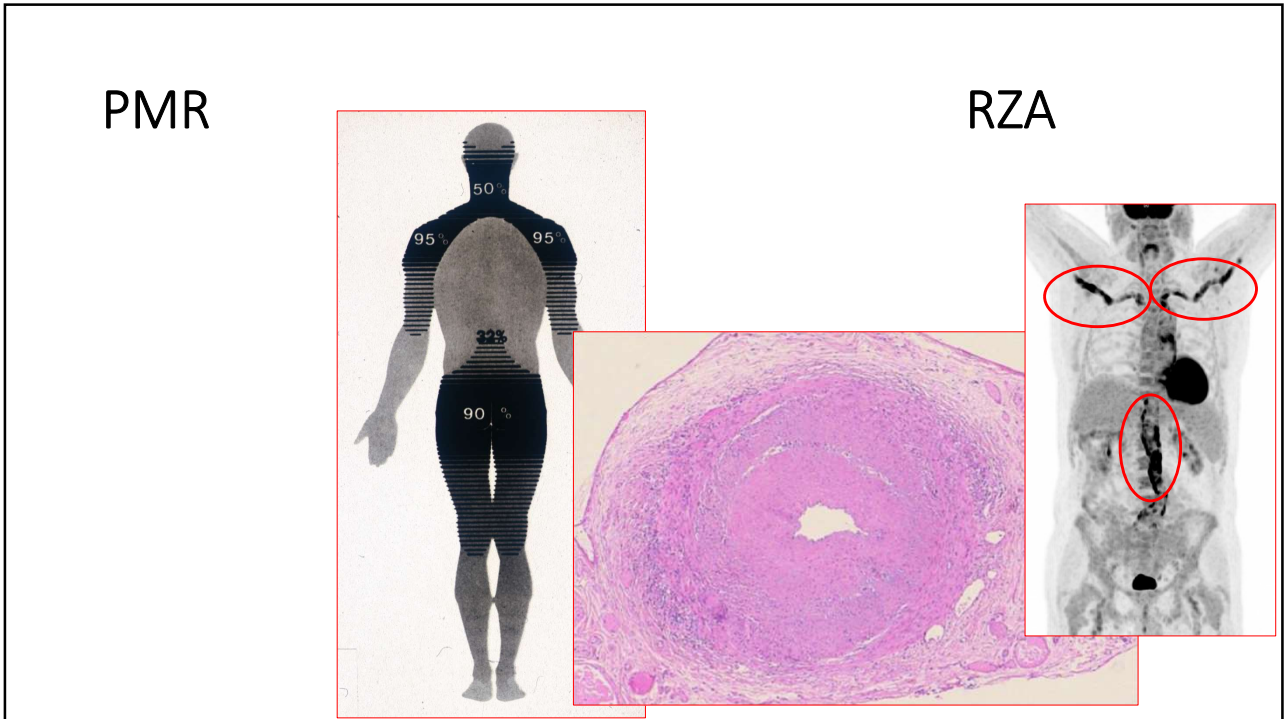


Terminology*	
Low dose	(≤ 7.5 mg/day)
Medium dose	(>7.5 to ≤ 30 mg/day)
High dose	(>30 to ≤ 100 mg/day)
Very high dose	(>100 mg/day)
Pulse therapy	(≥ 250 mg for 1 or a few days)

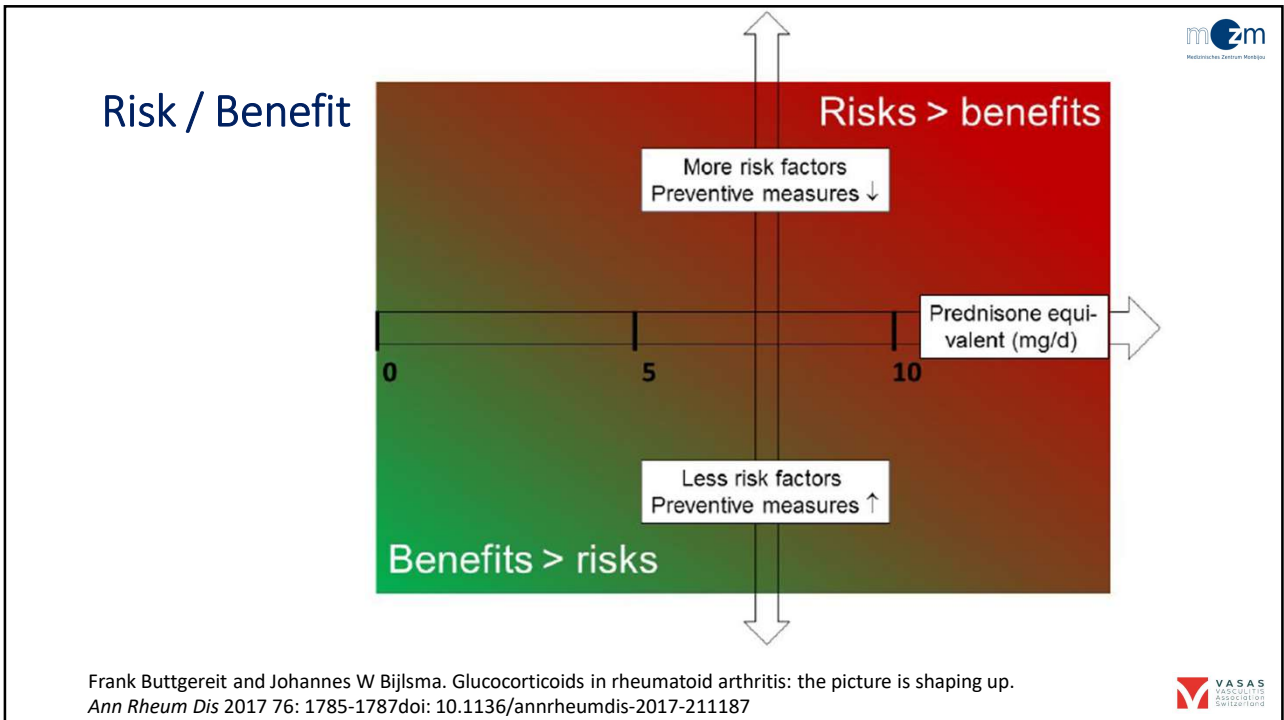
EL. Matteson, F Buttgerit, Ch Dejaco, B Dasgupta. Glucocorticoids for Management of Polymyalgia Rheumatica and Giant Cell Arteritis. *Rheum Dis Clin N Am* 42 (2016) 75–90



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Frank Buttgerit and Johannes W Bijlsma. Glucocorticoids in rheumatoid arthritis: the picture is shaping up. *Ann Rheum Dis* 2017 76: 1785-1787doi: 10.1136/annrheumdis-2017-211187

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24-year old female patient: Rheumatoide Arthritis



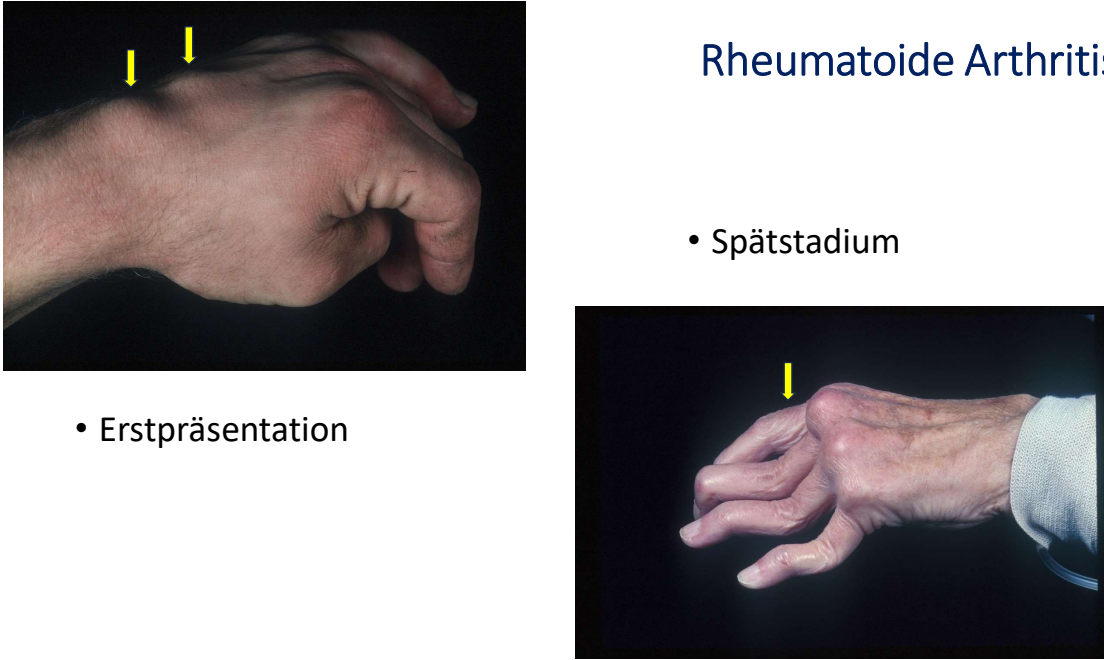
30.09.2024

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Rheumatoide Arthritis



- Erstpräsentation
- Spätstadium

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2 Ebenen der Beurteilung

- Funktion (Schmerz, Bewegungseinschränkung)
 - ACR-response 20/50/70%
 - Disease activity score (DAS)
- Struktur (Destruktion)
 - Knochen (erosion)
 - Knorpel (joint space narrowing)

} Basistherapie

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Menu

- Prednison
 - **Disease-Modifying-Anti-Rheumatic Drugs (DMARDs)**
 - Biologica
 - Targeted DMARDs (Jak-inhibitoren)
- Methotrexat
 - Sulfasalazin
 - Anti-malaria (Plaquenil®)
 - Leflunomid (Arava®)
 - Azathioprin (Imurek®)
 - Mycophenolate Mofetil

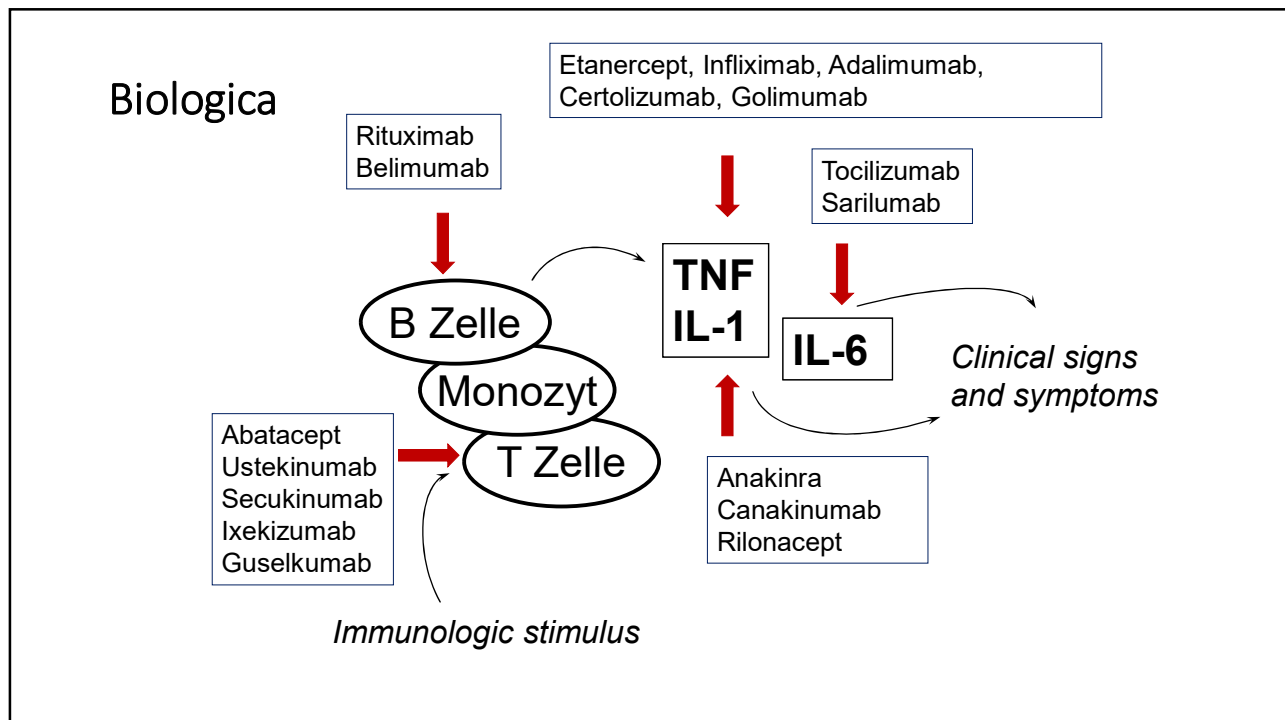
Methotrexate (MTX)

- Goldstandard (seit ca 1985)
- 1 x pro Woche ! (Knochenmark)
- Start mit 15mg s.c. (oder per os)
- Folsäure am Tage danach (5mg)
- Check Lunge, Leber, Hämatologie, Niere (Hepatitis B/C, HIV und Quantiferon)

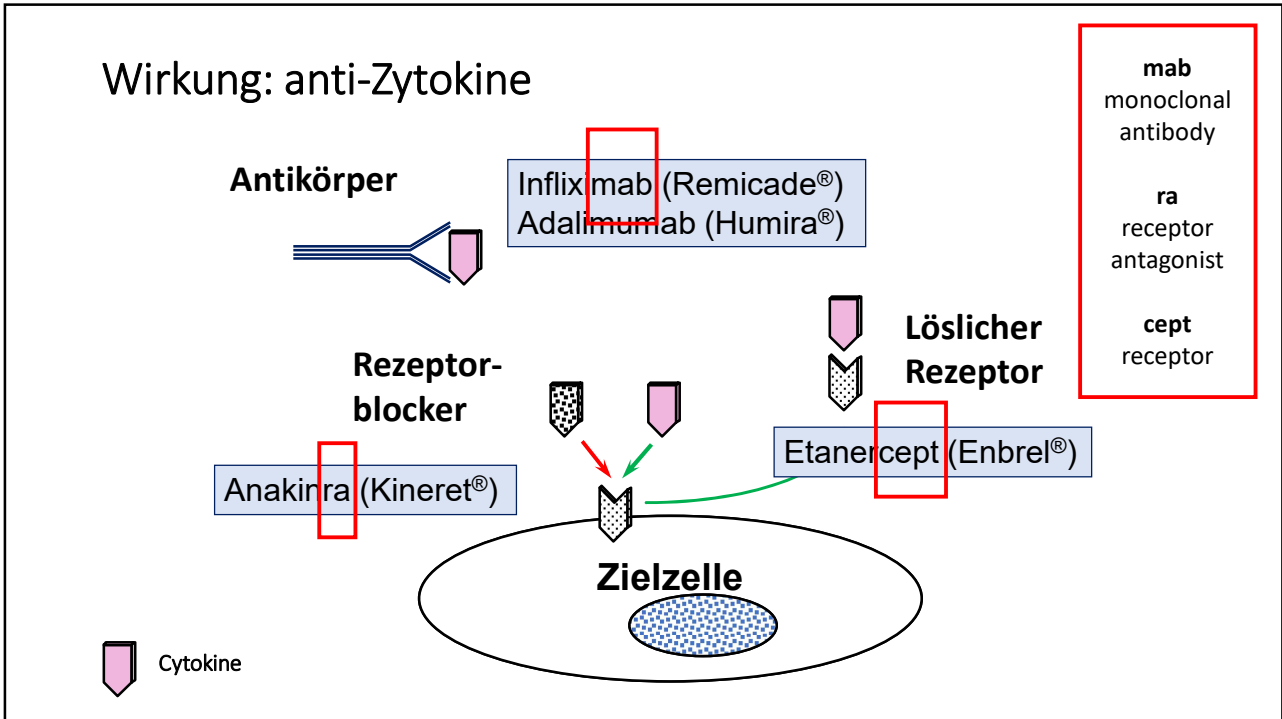
Einige Charakteristika der gängigen Basismedikamente

- **Sulfasalazin:** Psoriasisarthritis, reaktive Arthritis, periphere Manifestationen einer Spondyloarthritis
- **Anti-malarika:** milde symmetrische Polyarthritis der kleinen Gelenke; Basistherapie bei SLE
- **Leflunomid:** Alternative zu MTX; lange Verweildauer: Ladedosis; cave: Ausschwemmen bei geplanter SS
- **Azathioprin:** kein Polyarthritismedikament; Konnektivitiden / Vaskulitiden
- **Mycophenolate Mofetil:** kein Polyarthritismedikament; Niere bei SLE, Vaskulitiden

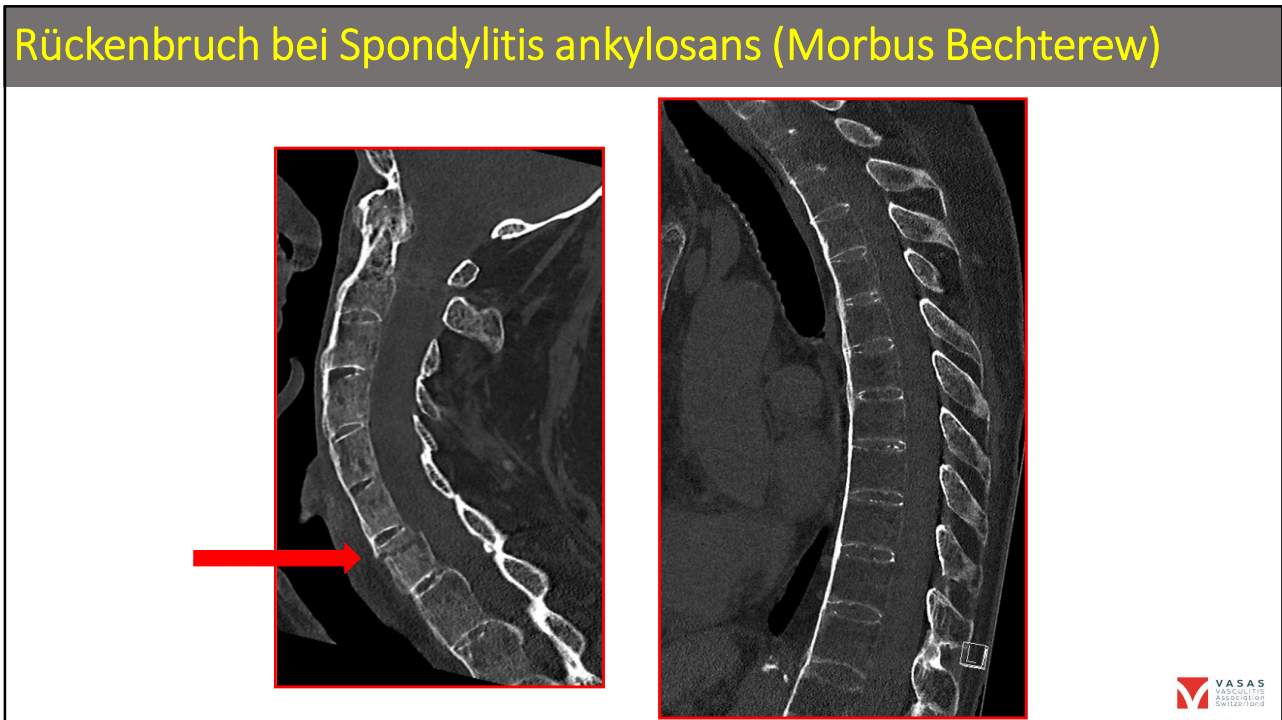
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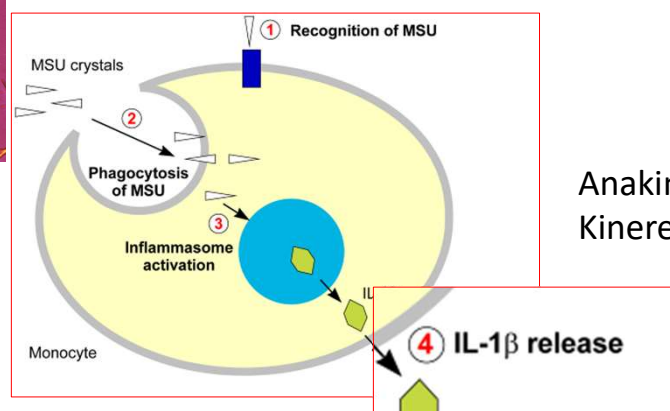
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Spondyloarthritis: Domaine der TNF Hemmer

- Über 20 Jahre Erfahrung
- Keine Kanzerogenizität
- Keine Teratogenizität
- Erhaltene Impfantwort
- Breite Anwendung (Rheuma, Derma, Gastro)
- Günstig betreffend Arteriosklerose
- Risiken: Herzinsuffizienz, Multiple Slerose, Malignes Melanom

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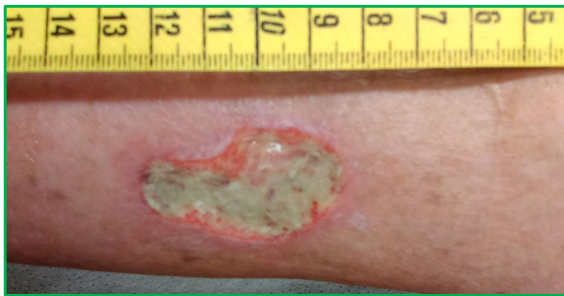
Gicht: Aktivierung des Inflammasom durch Gichtkristalle



Anakinra:
Kineret® 1A a 100mg

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ANCA-Vasculitis: Rituximab 1x500mg



+ 3 weeks

10 weeks after B cell depletion



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Zusammenfassung Biologica

- Proteine: parenterale Verabreichung
- Gezielte Interaktion: Neutralisierung von Zytokinen, Inhibition oder Elimination von Zellen
- Vermeidung der Glukokortikoid-Nebenwirkungen
- Substanzspezifische Nebenwirkungen
- Bis 20 jährige Erfahrung, umfangreiche Real World Evidence dank Register (Swiss Clinical Quality Management)

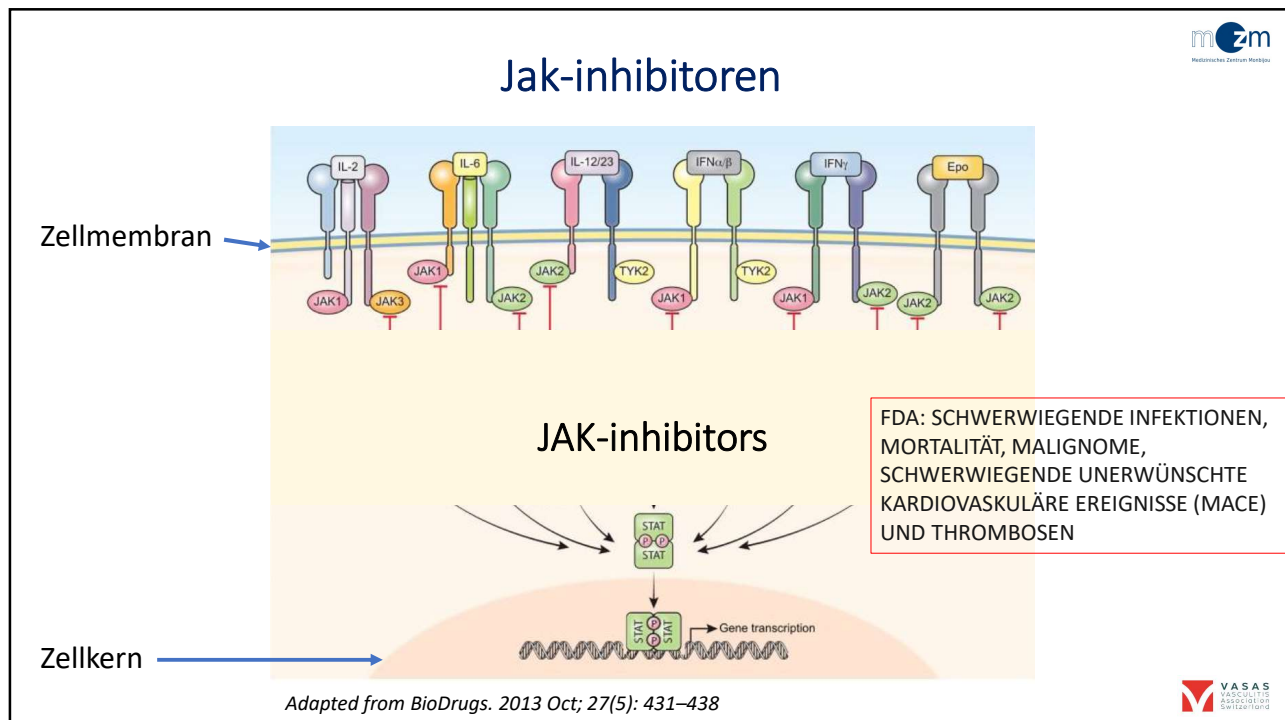
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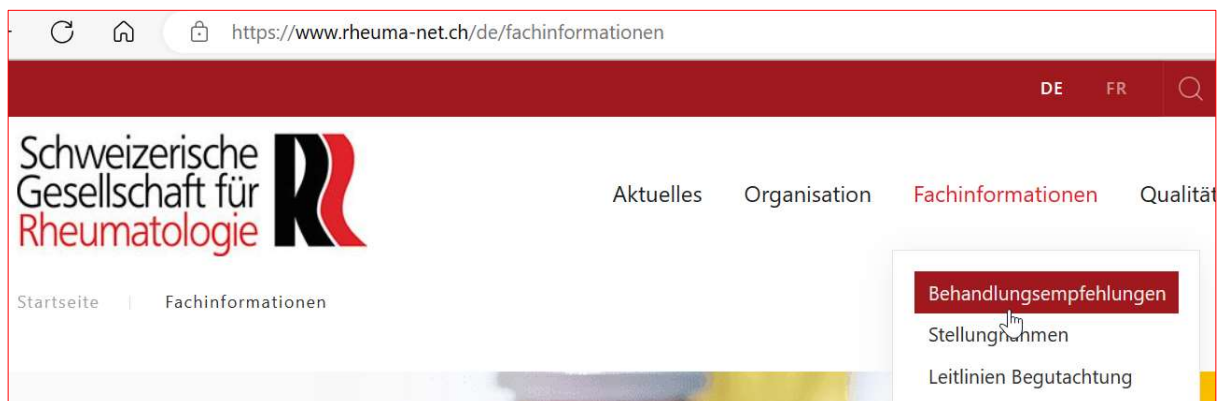


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Jak-Inhibitoren

- Sehr gute Wirkung, statistisch leicht über der Wirksamkeit der Biologica und der konventionellen DMARDs
- Breite Anwendung
- Per os Medikation
- Vor 60 jährig, in Berücksichtigung des Warnhinweises

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The screenshot shows a web browser window with the URL <https://www.rheuma-net.ch/de/fachinformationen>. The page header includes the logo for the Schweizerische Gesellschaft für Rheumatologie (Swiss Society for Rheumatology) and navigation links for 'Aktuelles', 'Organisation', 'Fachinformationen', and 'Qualität'. A dropdown menu is open under 'Fachinformationen', listing 'Behandlungsempfehlungen', 'Stellungnahmen', and 'Leitlinien Begutachtung'. The browser's address bar and search function are also visible.

• THE END

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Side effects I

- all modes of action / all substances
 - Infection
 - recognition of infection
 - elimination of infectious agent
 - Substance specific side effects
 - anti-TNF (infliximab, adalimumab, certolizumab, golimumab, etanercept):
 - Reactivation of Tuberculosis (granulomatous disease)
 - Heart insufficiency

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Side effects II

- Anti-IL-6R (Tocilizumab, Sarilumab)
 - Diverticulitis perf: incidence, recognition
 - Suppressed acute-phase response (e.g. CRP)
- B-cell elimination (Rituximab)
 - No vaccination response for months
 - Impact on COVID outcome
- Chimeric substances:
 - Influximab, Rituximab: may induce generation of anti-drug antibodies