

## **New: EULAR Recommendations for the management of Behçet's syndrome**

**17th April, 2018, Kilchberg, Switzerland – The European League Against Rheumatism, EULAR, has published a set of recommendations, which look at the management of Behçet's syndrome. The ten recommendations were composed as an update to existing EULAR Recommendations for the management of the syndrome in light of new studies, as well as identifying previously uncovered areas for future research.**

Based on the results of systematic reviews and expert opinions, five overarching principles and ten recommendations were formulated. The five overarching principles are:

- Behçet's syndrome (BS) is a condition that typically runs a relapsing and remitting course and the goal of treatment is to promptly suppress inflammatory exacerbations and recurrences to prevent irreversible organ damage.
- A multidisciplinary approach is necessary for optimal care.
- Treatment should be individualised according to age, gender, type and severity of organ involvement and patient preferences.
- Ocular, vascular, neurologic and gastrointestinal involvement may be associated with a poor prognosis.
- Disease manifestations may ameliorate over time in many patients.

Behçet's syndrome is a systemic variable vessel vasculitis that involves the skin, mucosa, joints, eyes, arteries, veins, nervous system, and the gastrointestinal system. Physicians from several different disciplines are involved in the care of patients. The disease shows geographic differences in its clinical features. A multi-centre collaboration of experts from different specialties and from different parts of the world is necessary for the optimisation of the recommendations for managing patients with BS.

The relapsing and remitting nature of the disease and the differences in the natural course of different types of organ and system involvement, as well as differences in the disease course between men and women, mandate that the treatment should be individualised. Skin, mucosa and joint involvement can cause impairment to quality of life but do not cause permanent damage, whereas untreated eye, vascular, nervous system, and gastrointestinal system involvement can cause serious damage and even death.

When there is only skin, mucosa and joint involvement, treatment can be tailored according to the patient's need and how much the symptoms impact on their quality of life compared to the risks associated with adverse effects of any medication used. On the other hand, when the patient has organ involvement, it is important to rapidly suppress the inflammation and prevent relapses in order to prevent loss of function. Immunosuppressives are usually necessary to accomplish this.

The more severe disease course among men with a young age at disease onset requires more aggressive treatment and heightened levels of caution during follow-up in affected patients. As the disease manifestations usually abate over time, treatment may be tapered and even stopped during the course of the disease.

The target population for the EULAR Recommendations for the management of BS patients includes all physicians and surgeons who are involved in the treatment of this disease. Experience with the use of biologic agents has substantially increased in recent years, and there is also more evidence available for the management of gastrointestinal involvement, as well as about further issues such as the use of anticoagulants in BS patients with vascular involvement.

A task force was formed including 20 BS experts from around the world, one health care professional (a nurse), two patients with BS, two fellows responsible for the systematic literature review who are members of the EULAR emerging rheumatologist's network, EMEUNET, and one senior methodologist. A total of 52 clinical questions were decided on with input from both physician and patient members of the task force.

The ten recommendations have been published in the EULAR Journal, The Annals of Rheumatic Diseases, the leading scientific journal in rheumatology with an impact factor of 12.811.

## **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.*

## **Contact**

Dr. Julia Rautenstrauch, EULAR Executive Director, [julia.rautenstrauch@eular.org](mailto:julia.rautenstrauch@eular.org), Tel. +41 44 716 30 31

## **Notes to Editors**

EULAR Journal, Annals of Rheumatic Diseases: [https://www.eular.org/EULAR\\_journal.cfm](https://www.eular.org/EULAR_journal.cfm)

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EULAR Recommendations: [https://www.eular.org/recommendations\\_home.cfm](https://www.eular.org/recommendations_home.cfm)

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