

EULAR
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USE OF GLUCOCORTICOIDS IN RHEUMATIC DISEASE: WEIGHING THE BALANCE OF BENEFITS AND HARMS

New data released at EULAR suggest a favourable balance in the long term

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Low-dose glucocorticoid therapy is widely used in rheumatoid arthritis (RA), but they cause a wide range of adverse side effects which are of concern both to patients and clinicians, and the true balance of benefit and harm is still unknown. Several groups are attempting to elucidate the long-term picture for the use of glucocorticoids in rheumatic diseases, and several interesting findings were presented at the 2022 EULAR Congress.

Guidelines suggest glucocorticoids should be used as bridging therapy in RA, but many patients are treated chronically with low doses. The effects of withdrawal in this group has not been studied extensively. Abdullah Almayali shared findings from GLORIA – a 2-year, double-blind trial evaluating the long-term benefits and harms of low-dose glucocorticoids added to standard care. Specifically, they investigated disease flares and signs of adrenal insufficiency after withdrawal of blinded trial medication.

After tapering, disease activity increased significantly in the prednisolone group, but was stable in placebo. For signs of adrenal insufficiency, the mean number of signs for prednisolone was 1.1 versus 0.9 for placebo at final trial visit, and 0.8 versus 0.8 at follow-up. No differences were seen in cortisol levels, and no patients developed clinical hypoadrenalism during further follow-up.

The group concluded that tapering prednisolone moderately increases disease activity, and numerically increases the risk of flare without any evidence of adrenal insufficiency. This suggests that withdrawal of low-dose prednisolone is feasible after 2 years of administration.

Professor Dr Maarten Boers' group studied the effects of prednisolone (5 mg/day for 2 years) in 451 RA patients aged 65 and older in a pragmatic, double-blind, placebo-controlled trial.

Several benefits of therapy were observed. Disease activity rapidly declined to stabilize after 1 year, and was lower on prednisolone than placebo. The contrast in early response was larger in patients who were adherent to protocol on stable treatment, and there were more responders on prednisolone. Joint damage progression over 2 years was significantly lower on prednisolone versus placebo.

Over the study period, harm was experienced by 60% and 49% of prednisolone- and placebo-treated patients, respectively – giving a number needed to harm of 9.5. Adverse events of special interest (serious and prednisolone-associated) were 278 versus 206 for prednisolone and placebo, respectively, and the difference was most marked for infections. Other glucocorticoid-specific adverse events of special interest were rare, without relevant differences.

The findings suggest that add-on, low-dose prednisolone has beneficial long-term effects on disease activity and damage progression in older RA patients on standard treatment. The trade-

off is a 24% increase in adverse events, but these are mostly mild to moderate – suggesting a favourable balance of benefit and harm in the long term.

Further research presented by Dr Joanna Robson explored the impact of glucocorticoids on health-related quality of life (HRQoL). The study was intended as the basis for development of a Patient-Reported Outcome Measure (PROM) to be used both in trials and in clinical practice. Patients from the UK, US, and Australia who were treated with glucocorticoids in the last 2 years for a rheumatic condition were invited to take part in semi-structured qualitative interviews.

A list of 134 candidate items was developed from six initial themes. After removal of duplications and ambiguity, the remaining 62 items were tested and refined by piloting with patient research partners, iterative rounds of cognitive interviews, and a linguistic translatability assessment. The result is a draft questionnaire of 40 items, which is currently being tested in an online large-scale survey to determine the final scale structure and measurement properties.

Source

Boers M, et al. Favorable balance of benefit and harm of long-term, low dose prednisolone added to standard treatment in rheumatoid arthritis patients aged 65+: The pragmatic, multicenter, placebo- controlled GLORIA trial. Presented at EULAR 2022; abstract OP0263.

Bridgewater S, et al. Patient perceptions of impact of glucocorticoid therapy in the rheumatic diseases: international development of a treatment-specific Patient Reported Outcome Measure. Presented at EULAR 2022; POS0040-HPR.

Almayali A, et al. Tapering of long-term, low dose glucocorticoids in senior rheumatoid arthritis patients: follow up of the pragmatic, multicentre, placebo-controlled GLORIA trial. Presented at EULAR 2022; abstract OP0270.

About EULAR

EULAR – the European Alliance of Associations for Rheumatology – 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.

About the EULAR European Congress of Rheumatology

Since its introduction in 2000, the annual EULAR European Congress of Rheumatology has become the primary platform for exchange of scientific and clinical information in Europe. It is also a renowned forum for interaction between medical doctors, scientists, people with arthritis/rheumatism, health professionals and representatives of the pharmaceutical industry worldwide. The EULAR congress is usually held in June in one of the major cities in Europe.

The scientific programme covers a wide range of topics on clinical innovations, clinical, translational and basic science. Meetings set up by associations of people with arthritis/rheumatism, health professionals and the health care industry complement the

programme. The poster sessions, offering lively interaction between presenters and participants, are regarded by many as the heart of the congress.

Over the years, the EULAR Congress has gained a reputation of being a most innovative platform for the practicing physician particularly with respect to the acquisition of information on novel clinical research. The congress attracts more than 18,000 delegates from more than 130 countries.

The aim of the EULAR European Congress of Rheumatology is to provide a forum of the highest standard for scientific, both clinical and basic, educational, and social exchange between professionals involved in rheumatology, liaising with patient organisations, in order to achieve progress in the clinical care of people with rheumatic diseases.

Contact

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