

Our Top Takeaways from EULAR 2021

Every year, thousands of rheumatologists, health care professionals, researchers and patients meet at the European League Against Rheumatism Congress! EULAR 2021 was held online and ran from the 2nd to the 5th of June. It was an incredible Congress, with lots of interesting sessions and so many things to learn!

The LUPUS EUROPE Board and several of our PAN members attended EULAR 2021 and watched the sessions with great interest! We wanted to take this opportunity to share our top takeaways from EULAR 2021. A few members of our Board and PAN have made their own, separate "Top Takeaways from EULAR 2021" so they could share what they learned with you all and which sessions they would put in their "Top Three" or "Top Ten".

EULAR 2021 may have ended, but you can still register and access the entirety of the scientific programme and presentations online. To register, go to


<https://congress.eular.org/registration.cfm>

Registration costs €35 for patients.


By registering you will be able to watch all presentations, until July 4th

How patients engage in research through the ERN ReCONNET

- Look for Presentation ID: 3502 – Examples of patient involvement and engagement in research – Ana Viera



Involvement of patients in ERN ReCONNET: A successful initiative raising patients' leadership at European level



European Reference Network
for rare or low prevalence complex diseases

Network
Connective Tissue and Musculoskeletal Diseases (ERN ReCONNET)

European Patient Advocacy Group

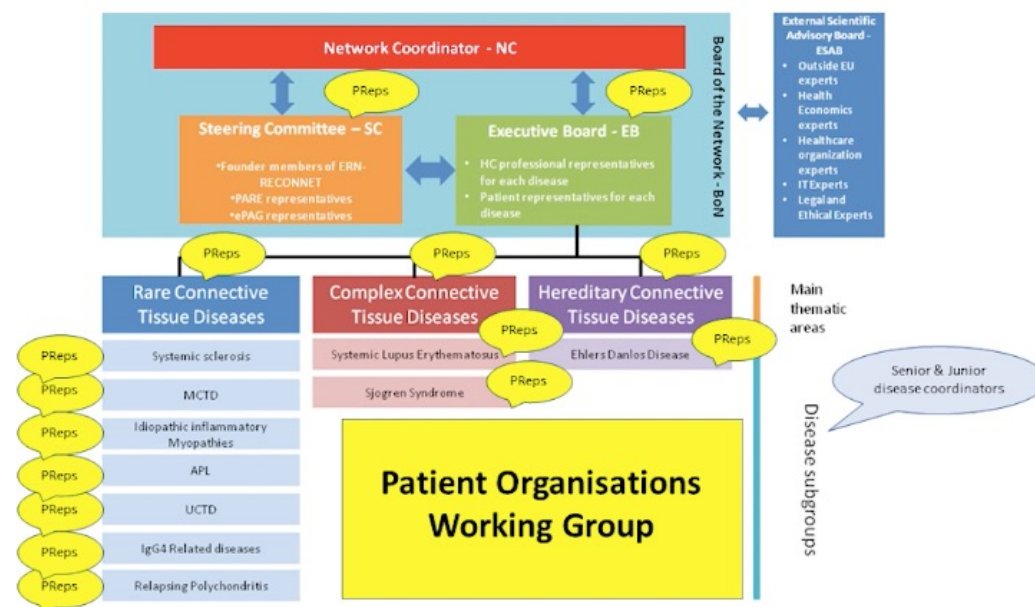
Ms. Ana Viera

Improving collaborative research and patients' participation in health decision-making

Examples of patient involvement and engagement in research

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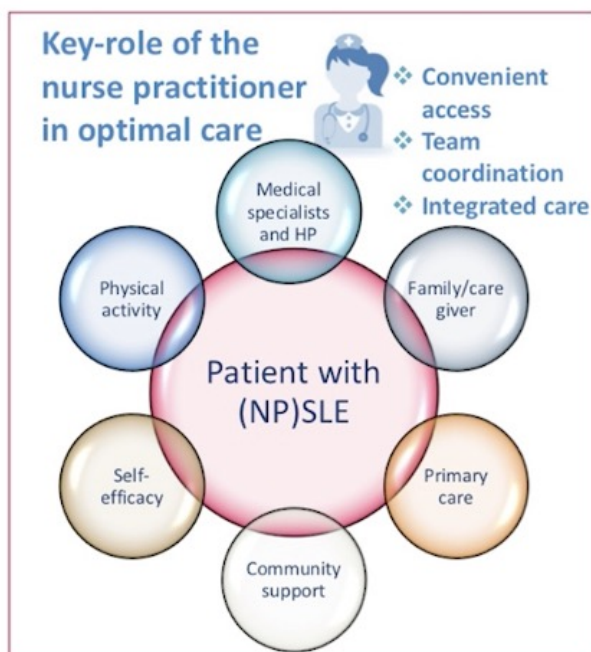
Patients' Involvement in ReCONNET



The importance of the lupus nurse

- Look for Presentation ID 3743 - The role of HPRs as patients' advocates - T.P.M. Vliet Vlieland

Advocacy on the role of the ANP



Advocacy on the role of the ANP in care for people with SLE

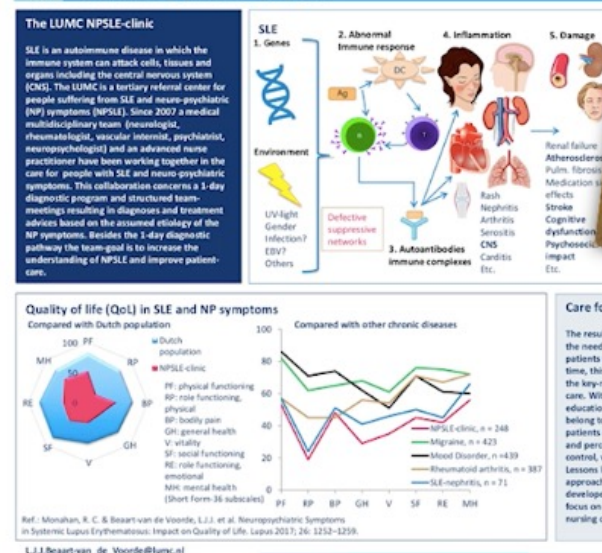


LUMC Leiden University Medical Center

L.J.J. Beart-van de Voorde¹, R.C. Monahan¹, G.M. Steur¹
¹ Department of Rheumatology

Changing healthcare and the role of the NP/APN – 394
 27th August 2018
 Parallel session round 3, 14:30 – 15:30h
 L.J.J. Huizinga¹, A.A. Kaptein²
¹ Department of Rheumatology, ² Leiden University Medical Center

Advanced nursing care for people with systemic lupus erythematosus (SLE) and neuro-psychiatric symptoms



Doctor-Patient communication about sexuality and intimacy

- Look for Presentation ID: 3521 How to communicate about intimacy with my patients - Felice Rivellese

Do we discuss sexual health?

Sexual Health, Intimacy and Rheumatology Practices

Julie Schwartzman-Morris¹, Arianna Leo² and Preeya Nandkumar²

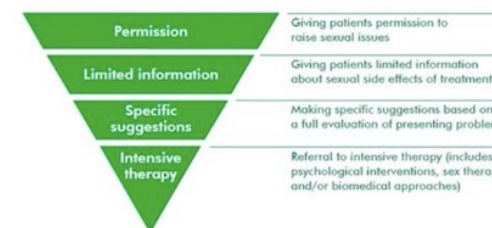
¹Division of Rheumatology, Northwell Health, Great Neck, NY, ²Division of Rheumatology, Northwell Health, Great Neck

50 Rheumatologists and health professionals in rheumatology were interviewed:

- **48%** reported that they **discuss the impact of a patient's disease on their sexuality** "**sometimes**" and 40% "**never**"
- **Lack of skills/knowledge** about sexual health, patient **embarrassment**, patient **age**, while **lack of time and privacy** as barriers
- **66% of HCPs agree or strongly agree that sexual health issues are relevant to rheumatology practice.**

More specific training?

PLISSIT model



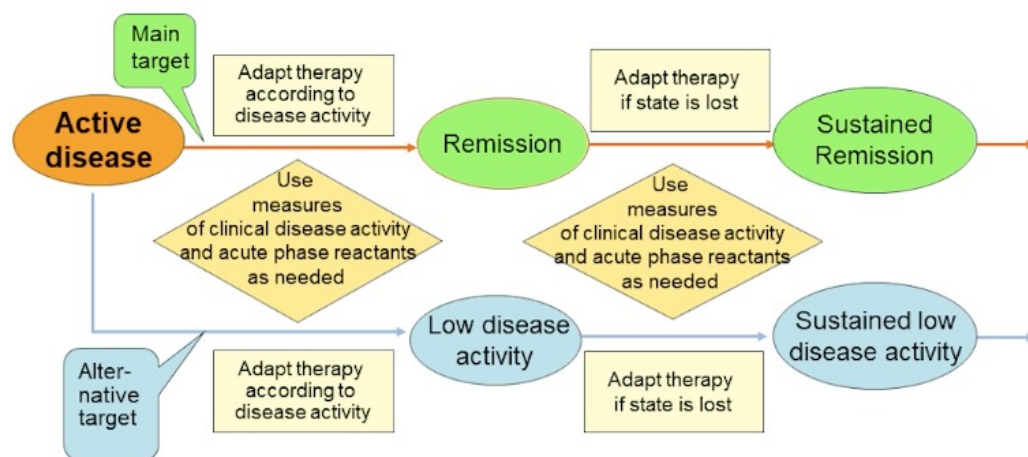
1. Permission: an open ended questions such as "Is there anything about your sexual health you'd like to discuss?"
2. Limited Information: the provider can offer targeted information, including potential causes of the symptoms
3. Specific Suggestions: differential diagnosis offered, with specific suggestions for how to begin addressing the problem.
4. Intensive Therapy: If necessary, a referral can be made to a sexual health specialist

Points 2 and 3 will also require specific knowledge: additional training could be useful !

Managing different expectations towards treatment outcomes

Look for Presentation ID 3515: Adherence and belief - Xenofon Baraliakos

How do physicians tailor their treatment decision?



Smolen J et al, Ann Rheum Dis 2011 & 2013

Summary

International recommendations and T2T concept strongly recommend treatment based on shared decision in daily practice

Shared decision and appropriate drug profile (fast response / good safety / reliable long-term outcomes) are the factors for treatment adherence

Treatment adherence leads to disease modification and treatment adaptation with good long-term responses

Good long-term responses allow for better patient monitoring

- Increases the trust of patients to physician and drugs
- Increases our credibility as physicians

Cardio-Vascular risk and recommendations for SLE

- Look for Presentation ID 3916: Recommendations for cardiovascular risk management in Rheumatic and Musculoskeletal Diseases (including SLE and the antiphospholipid syndrome) - M.T. Nurmohamed

Overarching Principles



- Clinicians should be aware of increased CVD risk & reduction of disease activity is likely to lessen cardiovascular risk.
- Rheumatologists are responsible for CVD risk assessment and management in collaboration with primary care providers, internists or cardiologists and other healthcare providers.
- All individuals should get regular CVD risk factor screening. Risk stratification should include screening and strict control of cardiovascular risk factors.
- CVD risk assessment is recommended within six months of diagnosis.
- Patient education and counselling on CVD risk, treatment adherence, and lifestyle modifications are important in the management of CVD risk.

Conclusions & Take home messages



- Current increased CVD risks in SLE and gout but also in vasculitis and other connective tissue disorders.
- Every patient qualifies for cardiovascular disease risk management.
- Aimed at efficient reduction of disease activity.
- Optimizing CV risk factors.
- Cardiovascular risk management often poorly implemented.
- Pan-European recommendations facilitate uptake of CV risk management in daily clinical practice.

GR2 multicentric prospective French study's results: damage but not remission at first trimester predicts adverse pregnancy outcome in lupus pregnancies.

Maddalena Larosa et al OP0295

Lupus and pregnancy over decades

Pregnancy contraindicated in SLE



considering it not as a contraindication but as an indicator of high risk for flares and adverse pregnancy outcomes (APOs)



progressive decline in these risks, although higher than in the general population¹

Both EULAR² and ACR 2020 Guidelines³ recommended that women to be treated with **hydroxychloroquine** during pregnancy and to plan pregnancy for periods when their **SLE is quiescent, in remission, or in a lupus low disease activity state (LLDAS)**

1. Njehs R, et al. Ann Intern Med. 2019;171(3):164. 2. Andreoli L, et al. Ann Rheum Dis 2017. 3. Sammaritano LR, et al. Arthritis Rheumatol. 2020;72(4):529–56.

Aim of the study

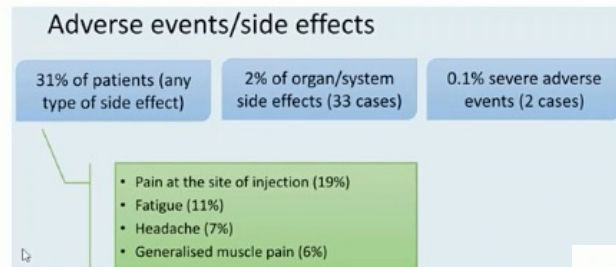
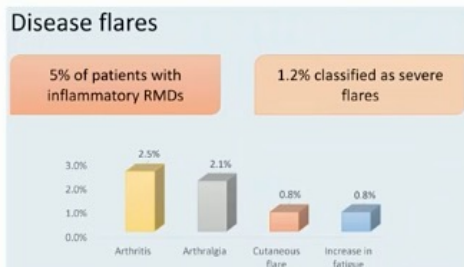
To determine the 1st trimester risk factors for adverse pregnancy outcome (APO) in a cohort of SLE pregnant patients

Conclusions

- Similarly to PROMISSE, we confirmed that positive **LAC predicts APO**
- For the first time we found that the **extent of chronic irreversible, damage also predicts APO**
- Neither remission nor LLDAS had an observable effect in this cohort of lupus patients treated with hydroxychloroquine (98.3%) and with stable, well-controlled SLE

Latest update from COVAX registry

- Look for Presentation ID LB0002: COVID-19 vaccine safety in patients with rheumatic and musculoskeletal disease - Pedro M Machado

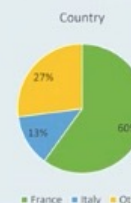
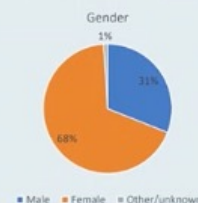


Conclusion

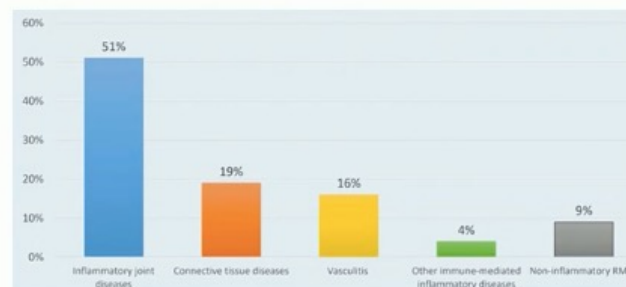
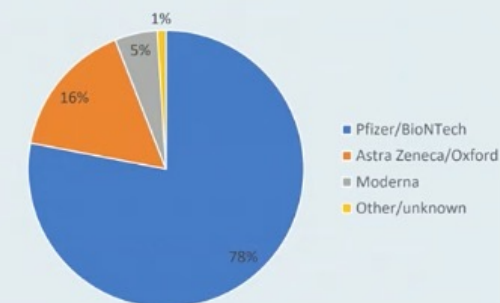
- The safety profiles for COVID-19 vaccines in RMD patients was reassuring.
- Most adverse events were the same as in the general population
 - Non-serious short term local and systemic symptoms
- Overwhelming majority of patients tolerated their vaccination well with rare reports of inflammatory RMD flare and very rare reports of severe adverse events
- These initial findings should provide reassurance to rheumatologists and vaccine recipients, and promote confidence in COVID-19 vaccine safety in RMD patients, particularly those with inflammatory RMDs and/or taking immunomodulatory treatments.

Results: demographics

• N = 1519; Mean age 63 years (SD 16; 15 to 97 years); 28 countries



Vaccines administered



T2T – Remission in SLE

- Look for Presentation ID 6921: Towards a common definition of remission in SLE: the DORIS project - **Ronald van Vollenhoven**

Objective



- To arrive at a broadly supported, valid and feasible definition of remission in SLE for use in clinical care, education, and research including clinical trials.

Conclusions



- The DORIS Task Force has arrived at a broadly supported and feasible definition of remission in SLE with excellent face, content, construct and criterion validity
- This definition will be useful as:
 - Aspirational target in clinical care
 - Concept in education
 - Outcome in observational studies and clinical trials

Look for Presentation ID 6924: Is remission achievement possible with the today's drugs? - Chiara Tani

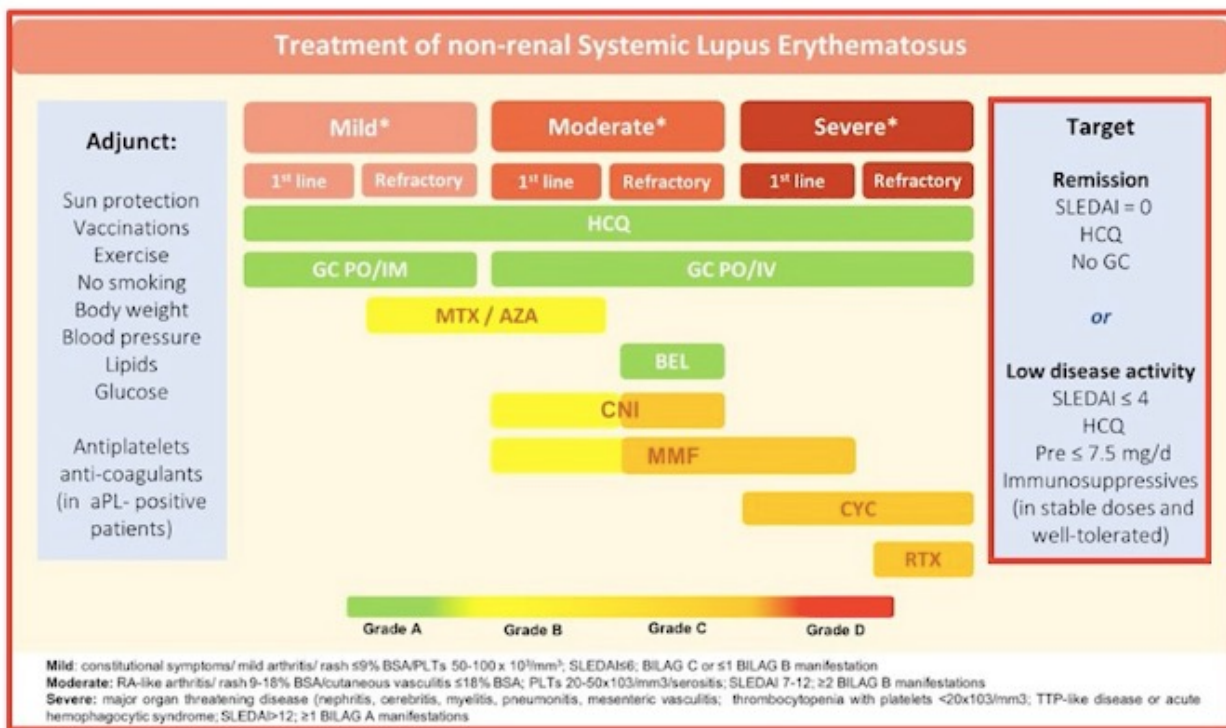
CONCLUSIONS

- Remission is an achievable target in the majority of SLE patients
- Prolonged remission, especially off treatment, is less frequent
- Durable remission is prevented in a significant proportion of patients by recurrent flares, persistent disease activity or an inability to taper GC

Treatment goals in SLE

IS THERE FURTHER ROOM FOR IMPROVEMENT?

- YES!
- New, more effective drugs
- Steroid-sparing strategies
- Strategies to prevent poor adherence (HCQ!)
- Patient empowerment
- Equal access to the best standard of care across different countries



Look for Presentation ID 3517: Patients' education, expectations and outcomes - Heidi A. Zangi



**EULAR recommendations for patient
education for people with inflammatory
arthritis**

A need for

Targeted aspects in patient education



Roe et al 2020



From doctors' provision of
information and patients as
passive recipients



To patients' involvement in
decisions and management of
their care



paying attention to health
literacy in targeted
populations with RMDs



looking at how interventions
can be designed to meet
expectations and needs
from different populations



investigating which content,
methods and delivery
modalities are best suited to
enhance health literacy




how we can ensure patient
participation in designing,
planning, delivering and
evaluation of patient
education

EULAR 2021 My Three Top Learnings

Treatment of Severe Lupus Nephritis” by Prof Frederic Houssiau

As someone who suffers from LN, and who speaks with other patients with LN, I think it's important to understand the impact that lupus can have on our kidneys. For many of us being diagnosed with LN comes as a surprise, because we didn't have any visible symptom and even more of a shock is to know that our LN has progressed very quickly despite treatments. Prof Houssiau starts saying that when someone is diagnosed with LN “He, she loses actually lot of nephrons, and this will impact long term renal function”. This is a real eye-opener. Then he discusses why lupus nephritis is always severe, which is very important to know. More emphasis should be given on this, so we closely monitored our urine and kidneys, we would be wasting valuable time for our kidneys if we don't.

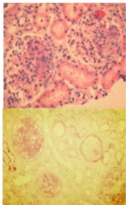


Prof. Frédéric A. Houssiau


Treatment of severe lupus nephritis

What is severe nephritis ?

LN is always severe!




Kidney injury
Drug toxicity
Comorbidities



“The Lupus Low Disease Activity State” by Prof. Eric Morand

As someone who has had lupus since very young age, this presentation has taught me about focusing on attainable targets in lupus. We wish remission, but this isn't always possible. However, there's also Low Disease Activity State (LLDAS) and this is a valid target. This team of researchers have working on a clear and precise definition of LLDAS. As a patient with a chronic condition, it's important to know what our current treatment will help us to achieve, and what quality of life we can expect as we know that there's no cure.



Prof. Eric Morand

Treating SLE to target: remission or low disease activity?

—

The Lupus Low Disease Activity State

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2019 Validated Definition of Lupus Low Disease Activity State - LLDAS

1. SLEDAI-2K ≤ 4 , with no activity in major organ systems (renal, CNS, cardiopulmonary, vasculitis, fever) and no haemolytic anaemia or gastrointestinal activity
2. No new features of lupus disease activity compared with the previous assessment (SLEDAI-2K)
3. SELENA-SLEDAI Physician Global Assessment (PGA, scale 0–3) ≤ 1
4. Current prednisolone (or equivalent) dose ≤ 7.5 mg daily
5. Well tolerated standard maintenance doses of immunosuppressive drugs and approved biological agents

Franklyn K, et al. Ann Rheum Dis 2016

MONASH University

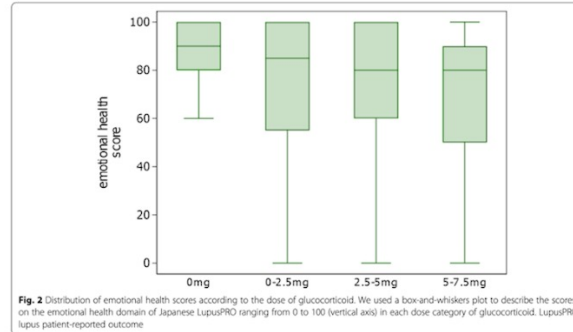


Prof. Eric Morand

**Treating SLE to target:
remission or low disease
activity?**

The Lupus Low Disease
Activity State

**In LLDAS, lower glucocorticoid dosing is associated
with better emotional health**




Miyawaki, Y. et al. *Arthritis Res Ther* 23, 79 (2021).



Also, it was very important to see the emphasis done on steroids withdrawal. We know how good steroids can make us feel at first, the pain relief and extra energy we feel but quickly after we start suffering the side effects such as raised heart beats, the moon face, extra weight, constant hunger, etc. Consultants are aware of the damage, and it's one of their aims to get us off steroids quickly.

“Stress and Autoimmune Diseases” by Prof Georg Pongratz

It was very interesting and important to understand how stress works in our bodies and the link between stress and autoimmunity. Prof Pongratz discusses the links between these two, how stressful situations such as parents’ divorce can be a trigger and that “stress somehow paves the path for getting an autoimmune disease”. It’s a topic that has always interested me a lot, as in my case, and for many people too, my lupus started after a very stressful event.



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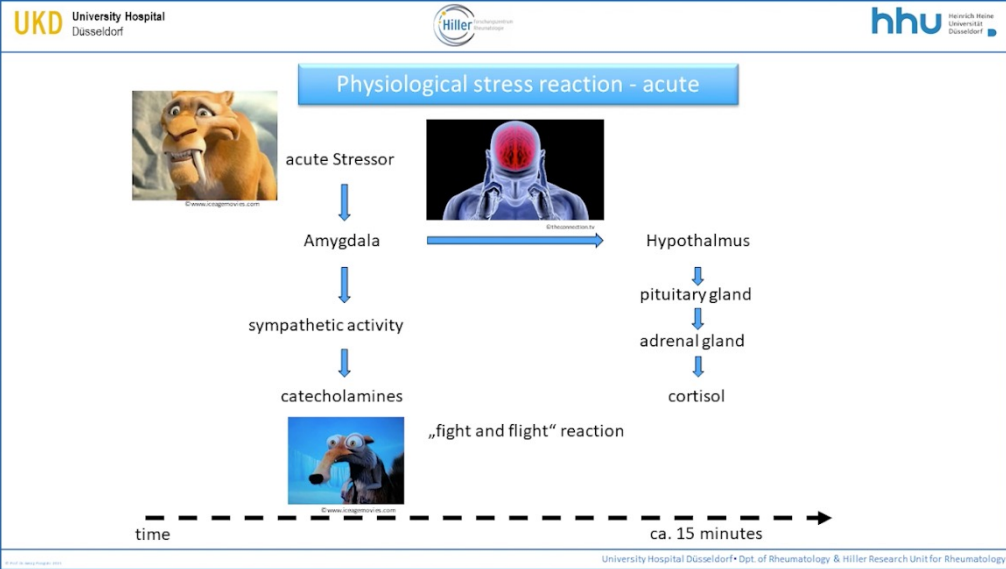
UKD University Hospital Düsseldorf

hhu Heinrich Heine Universität Düsseldorf

Prof. Georg Pongratz

Stress, inflammation & autoimmunity

Stress and autoimmune diseases



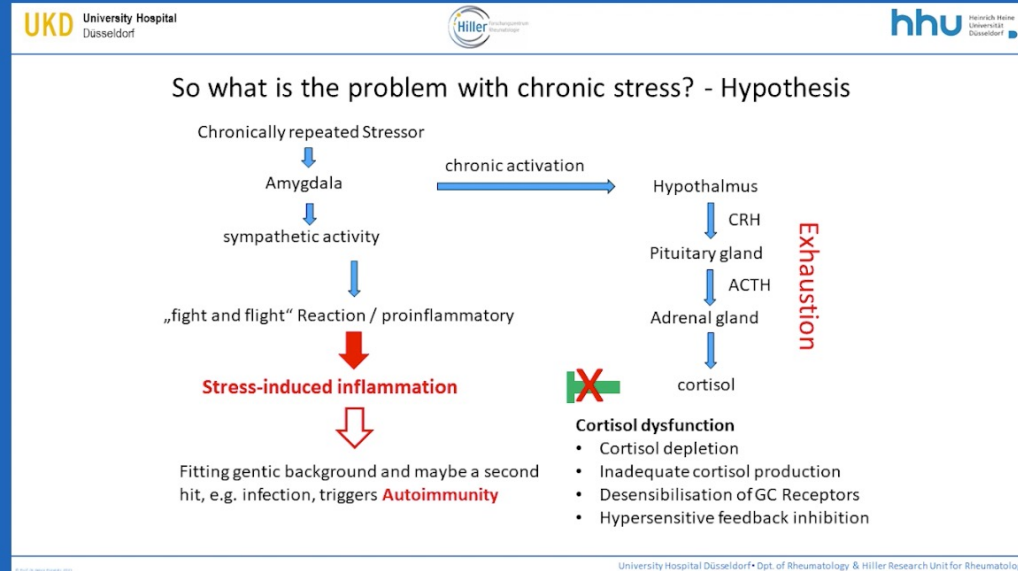
The diagram illustrates the physiological stress reaction, which is acute. It shows two main pathways: the sympathetic nervous system and the hypothalamic-pituitary-adrenal (HPA) axis. An acute stressor (represented by a cartoon character) triggers the Amygdala, which leads to sympathetic activity and the release of catecholamines, resulting in the “fight and flight” reaction (represented by a cartoon character). Simultaneously, the stressor triggers the Hypothalamus, which leads to the release of pituitary gland hormones, followed by the adrenal gland releasing cortisol. The entire process occurs within approximately 15 minutes. The diagram is credited to the University Hospital Düsseldorf, Dept. of Rheumatology & Hiller Research Unit for Rheumatology.



Prof. Georg Pongratz

Stress, inflammation & autoimmunity

Stress and autoimmune diseases



Nowadays, you can quickly see how your joints and muscles start to hurt after some stressful situation, and if you don't manage your stress, it simply gets worse. I believe that more tools for managing stress, which can't be eliminated of our lives, should be given to people with lupus as part of their treatment and for improving their quality of life. Those who run patient support groups and consultants can play a very important role here.

My top 10 from EULAR 2021

Alain Cornet – June 2021

You can still watch
all EULAR material
till July 5 on

<https://www.congress.eular.org/>

1. Evidence based tips on diet and RMD



Diet is a powerful means of reducing inflammation.

The Mediterranean diet enriched with oily fish and antioxidants should be adopted where possible.

Foods high in omega-3 fatty acids are anti-inflammatory.

Avoid pro-inflammatory foods, reduce salt & sugary drinks.

Avoid anti-inflammatory foods, prefer a diet high in fiber, low in glycaemic index.

Coffee & alcohol should be consumed in moderation.

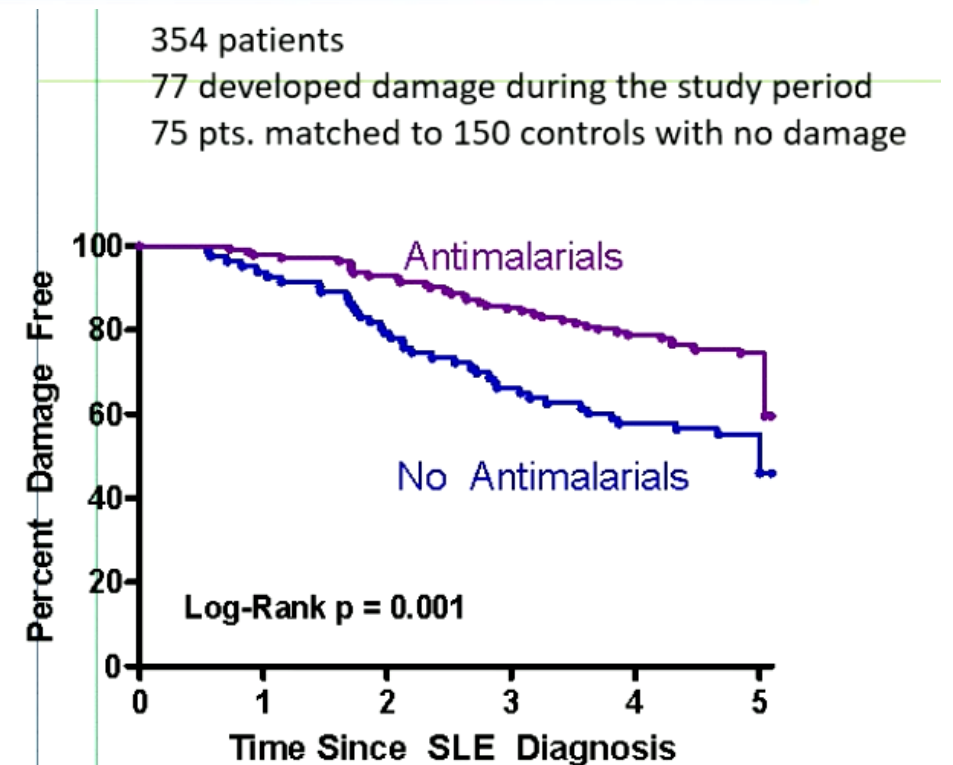
Consider **Vitamin D and other vitamin** supplementation where appropriate.

Maintain healthy BMI and exercise regularly.

2. Antimalarials adherence reduces Mortality and protect SLE patients for damage accrual

Conclusion: SLE patients adhering to AM therapy had a 71% and 83% lower risk of death than patients who do not adhere or who discontinue AM, respectively.

Antimalarials are protective for damage accrual in SLE patients from the time of diagnosis



Look for Presentation ID 6889 - Hydroxychloroquine in rheumatic diseases: not only SLE - Thomas Dörner

3. Lupus Clinics deliver much better Quality of care than general (Rheumatology) clinics

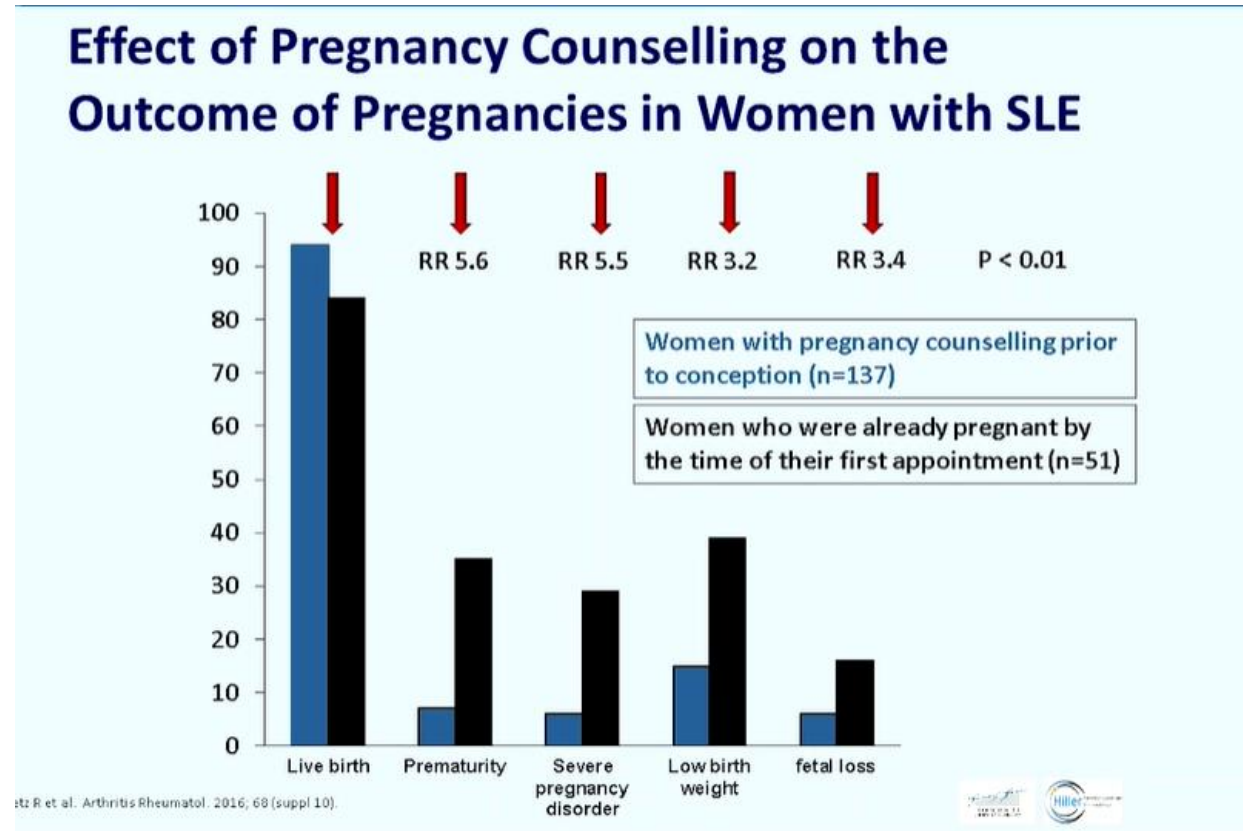
MAIN FINDINGS

In a universal healthcare system, patients with systemic lupus erythematosus received higher quality of care in a subspecialty lupus clinic compared with hospital and private general rheumatology clinics.

Table 1: Overall QI performance by clinic setting

QI performance (median [IQR])	LC (n=147)	HC (n=56)	PC (n=55)	p value
EMR only	66.7% [16.9]	52.7% [10.6]	50.0% [18.0]	<0.01
EMR and PSR	73.1% [14.8]	68.1% [11.5]	63.2% [13.4]	<0.01

4. Pregnancy counselling BEFORE conception substantially improves pregnancy outcome



5. COVID - No specific medication is linked with increased COVID risk

- Safety profiles for COVID-19 vaccines in RMD patients was reassuring
- Most adverse events were the same as in the general population (short-term non-serious symptoms)
- Overwhelming majority of patients tolerated their vaccination well with rare reports of inflammatory RMD flare and very rare reports of severe adverse events
- These initial findings should provide reassurance to rheumatologists and vaccine recipients, and promote confidence in COVID-19 vaccine safety in RMD patients

Look for : Presentation ID 7105 - The EULAR COVID and COVAX registries- Pedro M Machado

- Risk factors for hospitalisation/death among people with RMDs largely similar to those without RMDs
 - Older age, male gender and comorbidities
- Importance of controlling disease activity
- Risks of RTX, SSZ, steroids and some immunosuppressants?
 - However, the priority should still be disease control!

6. 40-80% of medical information from consultation is forgotten immediately

"Studies have shown that 40-80% of the medical information patients are told during office visits is forgotten immediately, and nearly half of the information retained is incorrect."

U.S. Agency for Healthcare Research and Quality

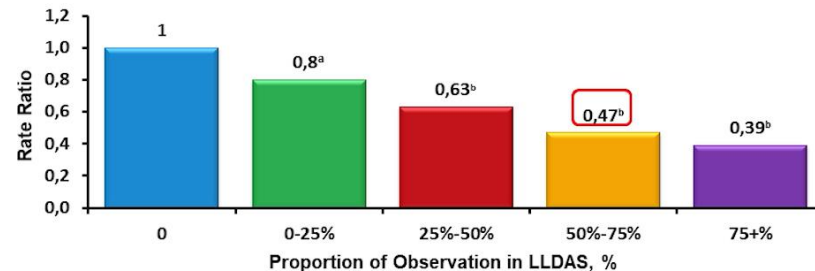
1. Use a caring tone of voice and attitude.
2. Display comfortable body language and make eye contact.
3. Use plain language.
4. Ask the patient to explain back, using their own words.
5. Use non-shaming, open-ended questions.
6. Avoid asking questions that can be answered with a simple yes or no.
7. Emphasize that the responsibility to explain clearly is on you, the provider.
8. If the patient is not able to teach back correctly, explain again and re-check.
9. Use reader-friendly print materials to support learning.
10. Document use of and patient response to teach-back.

<http://www.teachbacktraining.org/home>

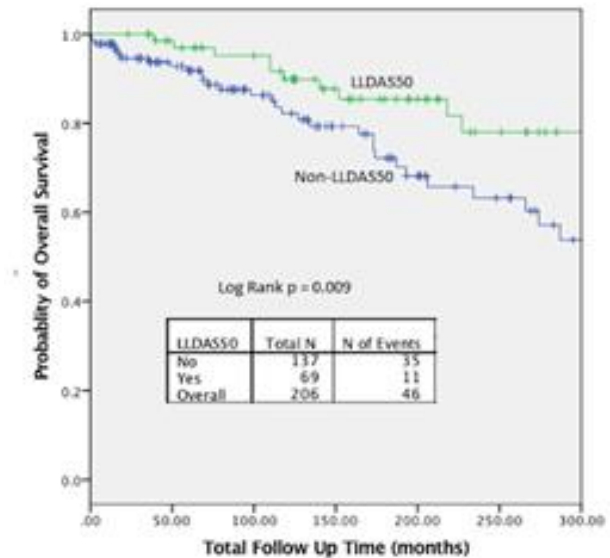
Look for Presentation ID 3657 - Why do we believe in fake news? - Catherine Beauvais?

7. LLDAS (Lupus Low Disease Activity Score) is the right target for clinical management and for clinical trials

- Achieving more often LLDAS is linked with lower damage accrual, reduced likelihood of flare, improved Quality of life, reduced mortality

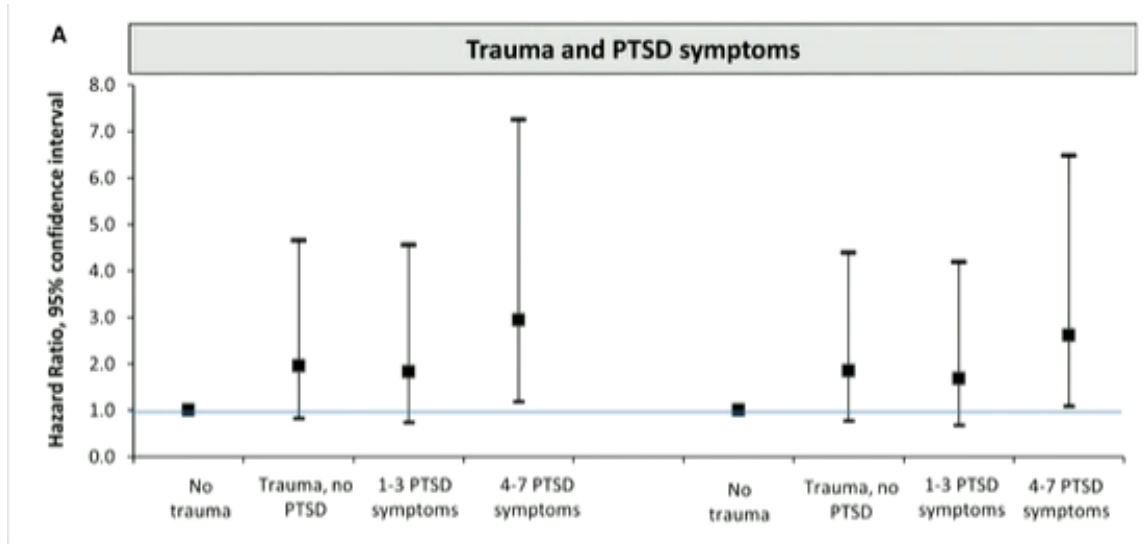


50:50 rule - 50% reduction in damage accrual with 50% of time in LLDAS.



- LLDAS is more discriminant than remission in clinical trials

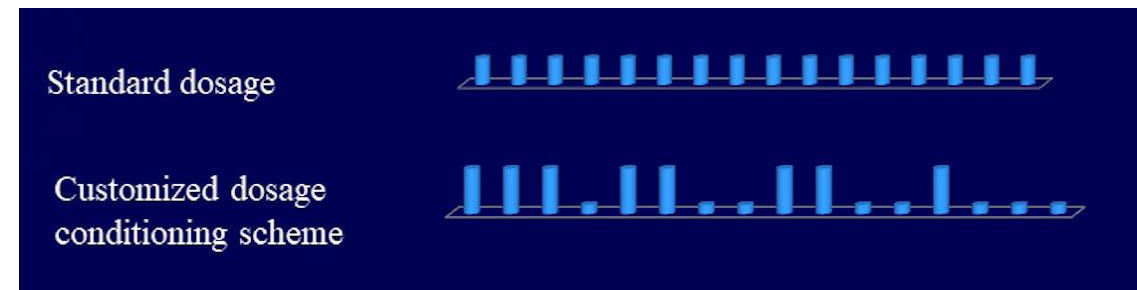
8. High Stress / Trauma exposure is associated with almost 3-fold increased SLE risk:



PTSD was associated with increased SLE risk, HR 2.94 (95% CI 1.19–7.26), $P < 0.05$). Trauma exposure, regardless of PTSD symptoms, was strongly associated with incident SLE (HR 2.83 (95% CI 1.29–6.21), $P < 0.01$).

9. Placebo and Nocebo effects

- Reading the leaflet reduces the willingness to take the medication and reduces adherence
- Expecting a side effect (for example because it is talked on facebook) increases its probability of actually happening
- “Conditioning” can help reduce the quantity of medication needed without reducing the effect

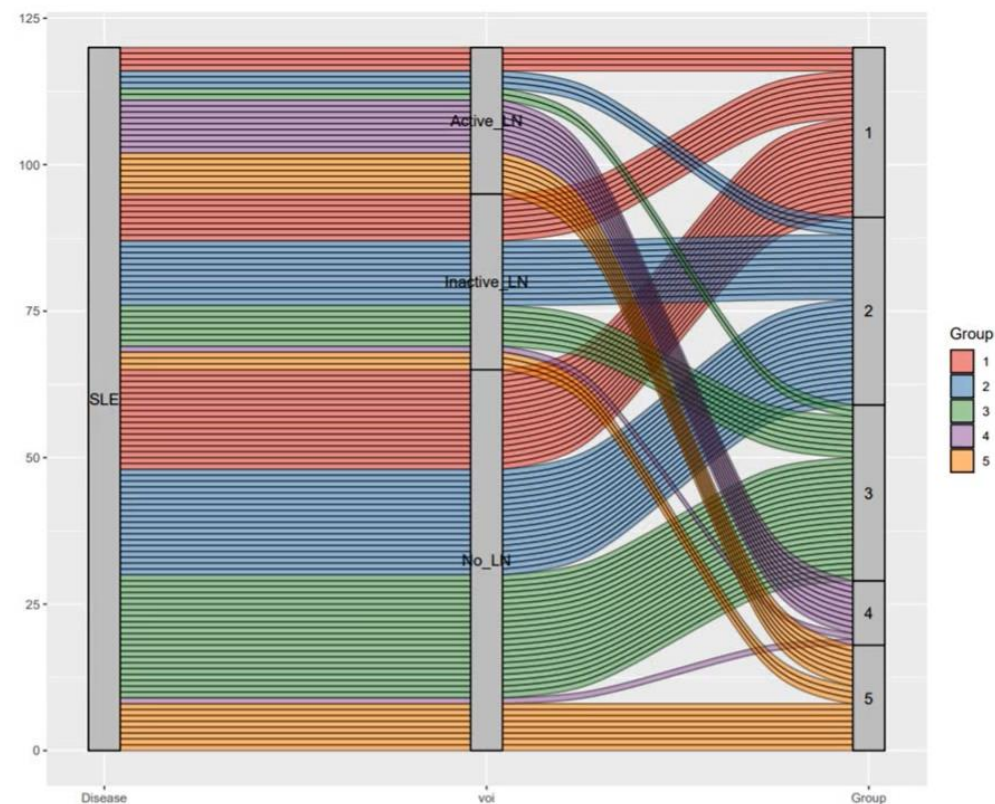


10. Reclassifying patients based on biomarkers can lead to Personalised medicine approach

- SLE clinical spectrum encompasses several **distinct molecular endotypes**, each defined by unique pathogenic aberrancies
- SLE molecular endotypes can be utilized to guide **personalized care** and direct **novel compound development**

Look for Presentation ID OP0019 - Defining Systemic Lupus Erythematosus Molecular Taxonomy Through Data-driven Restratisation and Identification of Cluster-tailored Drugs for a Personalized Medicine Approach - Panagiotis Garantziotis

Data-driven patients re-stratification independently of their clinical annotation



5 “MUST WATCH” Videos for PAN / Patient experts or those that would like to go further

1. It's never lupus - A 15' video recapping what lupus is, clinically, and how some hypothesis on its mechanisms are leading development of treatments - Look for : Presentation ID 7131 - It's never lupus! - Chris Wincup
2. All you need to know about Lupus Low Disease Activity score – Likely the most relevant target for treatment and clinical trials. Look for Presentation ID 6922 - The Lupus Low Disease Activity State - Eric F. Morand
3. A summary of what we know today about Hydroxychloroquine and its effects, including possible side effects : Look for Presentation ID 6889 - Hydroxychloroquine in rheumatic diseases: not only SLE - Thomas Dörner
4. Placebo and Nocebo – If you think you know everything about placebo effect, watch this and be surprised on how much we can trick ourselves positively or negatively. Look for Presentation ID 6977 - Mechanisms, predictors, and interventions to prevent, minimize, or extinguish nocebo effects in pain - Andrea Evers
5. A great and clear explanation on how “deep science” and artificial intelligence can help reclassify lupus and hopefully find faster the treatment that works for each individual : look for Presentation ID OP0019 - Defining Systemic Lupus Erythematosus Molecular Taxonomy Through Data-driven Restrification and Identification of Cluster-tailored Drugs for a Personalized Medicine Approach - Panagiotis Garantziotis