

Highlights of 2023 EULAR Recommendations for the Management of SLE¹

Each patient journey is unique, so care should be individualized and consider patient preferences and costs to patient and society

The 2023 EULAR task force formulated 5 overarching principles and 13 recommendations for SLE management



Early Diagnosis

Delays in diagnosis negatively affect **disease activity, organ damage accrual, and quality of life²**



Non-Pharmalogical Interventions

- ✓ Sun protection
- ✓ Diet
- ✓ Smoking cessation
- ✓ Exercise



Treatment

Prompt initiation and **strict adherence** underpin treatment success

<p>Antimalarials</p> <p>For all patients unless contraindicated, with dose individualized based on risk for flare and renal toxicity</p> <p>Monitor blood levels to guide optimal dose and check for possible non-adherence</p>	<p>Corticosteroids</p> <p>Maintenance dose ≤ 5 mg/day</p> <p>Use as a 'bridging therapy' i.e., lowest possible dose for the shortest possible period, and withdraw when possible</p>
<p>Immunosuppressants and / or Biologics</p>	<p>If antimalarials are not sufficient to control disease activity with a corticosteroid maintenance dose of ≤ 5 mg/day</p> <p>Conventional immunosuppressant use is not required prior to biologic initiation</p> <p>Earlier use of biologics should be considered in patients with SLE to control disease, reduce flares, and facilitate corticosteroid tapering</p>



Disease Activity

Assessed **at every visit** using validated tools (e.g., SLEDAI-2K, BILAG)



Organ Damage and SLE Manifestations

Assessed **at least annually** using validated tools (e.g., SDI)



Aim for Remission or LLDAS

Treatment targets of remission (DORIS criteria) or LLDAS should be adopted to guide management, as these are proven to reduce organ damage risk³

Abbreviations

BILAG, British Isles Lupus Assessment Group index; DORIS, definition of remission in SLE; EULAR, European Alliance of Associations for Rheumatology; LLDAS, low-level disease activity state; SDI, systemic lupus international collaborating clinics American College of Rheumatology Damage index; SLE, systemic lupus erythematosus; SLEDAI-2K, Systemic Lupus Erythematosus Disease Activity Index 2000.

References

1. Fanouriakis A, et al. Ann Rheum Dis. Epub ahead of print: doi:10.1136/ard-2023-224762;
2. Kernder A, et al. Lupus. 2021;30(3):431-438;
3. Petrie M, Magder LS. Arthritis Rheumatol. 2018;70(11):1790-1795

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