SP0190

2019 EULAR RECOMMENDATIONS FOR THE MANAGEMENT OF SJÖGREN'S SYNDROME WITH TOPICAL AND SYSTEMIC THERAPIES

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Aims: The therapeutic management of Sjögren syndrome (SjS) has not changed substantially over the past decades: treatment decisions remain challenging in clinical practice, without a specific therapeutic target beyond the relief of symptoms as the most important goal. In view of this scenario, the European League Against Rheumatism (EULAR) promoted and supported an international collaborative study (EULAR SS Task Force) aimed to develop the first EULAR evidence-, consensus-based recommendations for the management of patients with SjS with topical and systemic medications. The aim was to develop a rational therapeutic approach to SjS patients useful for healthcare professionals, doctors in specialist training, medical students, pharmaceutical industries and drug regulatory organizations following the 2014 EULAR standardized operating procedures.

Methods: The Task Force included rheumatologists, specialists in internal medicine, oral care specialists, ophthalmologists, gynaecologists, dermatologists, epidemiologists, statisticians, GPs, nurses and patient representatives from 30 countries of the 5 continents. Evidence was collected from studies including primary SjS patients fulfilling the 2002/2016 criteria; when no evidence was available, evidence from studies including associated SjS or patients fulfilling previous sets of criteria was considered and extrapolated. On the basis of the research questions, a systematic literature search between January 1986 and December 2017 was carried out. Summary-of-findings tables were generated and levels of evidence were determined according to the study design using the standards of the Oxford CEBM. A web-based Delphi procedure was carried out in order to reach consensus. For each statement, the grade of recommendation was based on the maximum level of evidence achieved in the SLR using the 4-point scale CEBM categorization. Consensus for endorsement was defined as an agreement score of at least 8 on a 0-10 scale by more than 80% of participants.

Results: The Task Force endorsed the presentation of general principles for the management of patients with SjS as 3 overarching, general consensus-based recommendations and 12 specific recommendations that form a logical sequence starting with the management of the central triplet of symptoms (dryness, fatigue and pain) followed by the management of systemic, extraglandular disease (Table 1).

Conclusion: The 2019 EULAR recommendations are based on the evidence collected in the last 16 years in the area of management of primary 2002 SjS patients

and on discussions by a large and broadly international Task Force. The recommendations synthesise the current thinking on approaching SjS treatment in a set of overarching principles and recommendations. We hope that the current recommendations will be broadly applied in clinical practice and/or serve as a template for national societies to develop local recommendations.

Abstract SP0190 – Table 1. Overarching and specific recommendations.

	LoA (% endorsement)	LoE	GoR
A. Patients with SjS should be managed at, or in close collaboration with, centres of expertise following a multidisciplinary approach	90,7	na	Na
B. The first therapeutic approach for dryness should be symptomatic relief using topical therapies	93,3	na	Na
C. Systemic therapies may be considered for treating active systemic disease	90,7	na	Na
1. Baseline evaluation of salivary gland function is recommended before starting treatment for oral dryness	81,3	5	D
2. The preferred first therapeutic approach for oral dryness according to salivary gland function may be:	88,0	1a/ *1b	B
2.1. Non-pharmacological stimulation for mild dysfunction;			
2.2. Pharmacological stimulation* for moderate dysfunction;			
2.3. Saliva substitution for severe dysfunction			
3. First-line therapeutic approach of ocular dryness includes the use of artificial tears and ocular gels/ointments	98,7	1a	B
4. Refractory/severe ocular dryness may be managed using topical immunosuppressive-containing drops* and autologous serum eye drops	94,7	1a/ *1b	B/D
5. Concomitant diseases should be evaluated in patients presenting with fatigue/pain, whose severity should be scored using specific tools	93,3	5	D
6. Consider analgesics or other pain-modifying agents for musculoskeletal pain considering the balance between potential benefits and side-effects	89,3	4	C
7. Treatment of systemic disease should be tailored to organ-specific severity using the ESSDAI definitions	89,3	4	C
8. Glucocorticoids should be used at the minimum dose and length of time necessary to control active systemic disease	85,3	4	C
9. Immunosuppressive agents should be mainly used as GC-sparing agents, with no evidence supporting the choice of one agent over the others	82,7	4	C
10. B-cell targeted therapies may be considered in patients with severe, refractory systemic disease	98,7	1b	D
11. Systemic organ-specific therapeutic approach may follow as a general rule the sequential (or combined) use of glucocorticoids, immunosuppressive agents and biologics	98,7	5	D
12. Treatment of B-cell lymphoma should be individualized according to the specific histological subtype and disease stage	88,0	4	C

Disclosure of Interests: None declared

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MANAGEMENT OF ADULT APS: RECOMMENDATIONS FROM AN EULAR TASK FORCE

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Background: Antiphospholipid syndrome (APS) is a systemic autoimmune disorder characterized by arterial and venous thrombotic events or pregnancy morbidity in the presence of persistently positive antiphospholipid antibodies. There is a great heterogeneity in clinical and laboratory classification of the syndrome and treatment approaches over the past four decades.

Objectives: To develop evidence-based recommendations for the prevention and management of adult APS that will help guide clinical practice.

Methods: EULAR standardised operating procedures were followed. A task force was formed including 21 physicians, 1 healthcare professional, and 2 patients, from 11 countries. Research questions were developed using the Delphi method. A systematic literature review of published articles up to January 2018 was performed.

Results: Based on the evidence and experts opinion, a set of 3 overarching principles and 12 recommendations including their level of evidence and grade of recommendation was developed and voted. The level of agreement for each recommendation was high. The overarching principles include the risk stratification, general measures, and education/counselling of patients with APS.

Recommendations for primary prevention address the primary thromboprophylaxis (low dose aspirin vs no treatment) in antiphospholipid antibody individuals