Chloroquine as alternative antimalarial in systemic lupus erythematosus. Response to '2019 update of the EULAR recommendations for the management of SLE: don't forget chloroquine' by Figueroa-Parra *et al*

We thank Drs Figueroa-Parra *et al* for their interest in our paper[1] and their comment regarding the value of chloroquine (CQ) as an alternative antimalarial in systemic lupus erythematosus (SLE).[2] As the authors point out, there are data, mostly for older studies, to support the efficacy of CQ in SLE.[3] Nevertheless, over the last 20 years, hydroxychloroquine (HCQ) has largely displaced CQ in the USA and in Europe, mainly due to concerns for potential higher retinal toxicity of the latter (although no studies have formally tested different CQ doses in relation to toxicity).[4] Accordingly, the vast majority of recent literature on the multiple benefits of antimalarial therapy refers to the use of HCQ,[5] and there is general agreement that the latter should be the antimalarial of choice in SLE. Based on the above, the updated European League against Rheumatism recommendations for the management of lupus provide guidance reflecting current practice in the majority of settings and regions around the world. This being said, we acknowledge that in countries with significant cost differences between the two drugs, CQ may be considered as a justified alternative,[6] with diligent monitoring for toxic retinopathy according to the recommendations.

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