How to Use DMARDs Effectively and Safely

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Rheumatoid arthritis is a chronic inflammatory arthritis with risk of bone and joint damage over time, including extra-articular involvement such as anemia, (epi)scleritis and interstitial lung disease. The window of opportunity to prevent those risks is an adequate treatment with appropriate disease modifying anti-rheumatic drugs (DMARDs) during the first three months or not longer than 1 year after onset of symptoms. However, DMARDs are immunosuppressive agents that could suppress immune response and increase risk of infection in rheumatoid arthritis patients, especially in the elderly and those with interstitial lung disease. Moreover, the conventional DMARDs allowed for prescription by general practitioners and internists have many concerning adverse effects varying from mild to serious events such as nausea/vomiting, alopecia, hepatitis, nephrotoxicity, and teratogenicity. Therefore, proper treatment for each rheumatoid arthritis patient or individualized therapy is the key of success to cure or to control this chronic disease, especially in high risk population such as elderly and pregnancy. Vaccination in patients with the use of DMARDs is needed but limited efficacy. Case scenarios will be discussed to point out pitfalls and awareness in the real practice.

References

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