

This is a repository copy of *Introduction:* the future of rheumatoid arthritis management.

White Rose Research Online URL for this paper: http://eprints.whiterose.ac.uk/103989/

Version: Accepted Version

Article:

Emery, P (2016) Introduction: the future of rheumatoid arthritis management. Current Opinion in Rheumatology, 28 (3). p. 259. ISSN 1040-8711

https://doi.org/10.1097/BOR.000000000000275

© 2016 Wolters Kluwer Health, Inc. All rights reserved. This is an author produced version of a paper published in Current Opinion in Rheumatology. Uploaded in accordance with the publisher's self-archiving policy.

Reuse

Unless indicated otherwise, fulltext items are protected by copyright with all rights reserved. The copyright exception in section 29 of the Copyright, Designs and Patents Act 1988 allows the making of a single copy solely for the purpose of non-commercial research or private study within the limits of fair dealing. The publisher or other rights-holder may allow further reproduction and re-use of this version - refer to the White Rose Research Online record for this item. Where records identify the publisher as the copyright holder, users can verify any specific terms of use on the publisher's website.

Takedown

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.



Introduction: The Future of RA Management

This review provides a state-of-the-art assessment of current approaches to RA. This is an area that has advanced considerably in the last few years. There is now general agreement that the ambition of the treatment of early RA should be remission and that targeted approaches are the best way to achieve this.

There is less consensus on whether an aggressive remission-induction (with subsequent withdrawal of therapy) is optimal and whether biologic therapy should be part of this approach. Certainly the data suggests that an early remission can be achieved with biologics and that less radiographic progression occurs. A key issue is whether this is cost-effective.

One area of growing consensus is that early achievement of remission in milder patients does allow withdrawal of biologics if these are used at first instance.

What is new

It is clear that the phenotype of rheumatoid arthritis is not fixed but evolves over time and the exciting pre-clinical data are now being validated. The chance for early intervention to prevent RA is now a realistic possibility. The role of ACPA has been crucial in this and allows of early identification of patients at risk. The approaches required to demonstrate efficacy in the presence of already effective therapy are discussed.

Where to improve

In terms of therapy, steroids still have a valuable role in the management of early arthritis where long term toxicity remains an issue whilst for monitoring x-rays still has a value but MRI and ultrasound will increase sensitivity. There are challenges to put the value of x-rays in perspective.

An important new development has been the development of vaccination for patients in RA particularly herpes zoster. Hopefully the safety of live vaccines will be shown shortly and in the future the value of killed vaccine will be demonstrated so that herpes zoster will be a much less prevalent problem. The other issues of vaccinating for flu and pneumococcus will also improve outcome.

All these issues are addressed, and hopefully will stimulate discussion.