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eprints@whiterose.ac.uk https://eprints.whiterose.ac.uk/ Table 1. Glossary and definitions (after¹)

Term	Definition	
Poor prognostic factors	 Persietently moderate or high disease activity (after csDMARD therapy) according to composite measures despite csDMARD therapy High acute phase reactant levels High swollen joint count Presence of RF and/or ACPA, especially at high levels Presence of early erosions Failure of 2 or more csDMARDs 	
Low dose glucocorticoids	 <a a="" href="mailto: <a href=" mailto:<=""> <a a="" href="mailto: <a href=" mailto:<="">	
Tapering	 Reduction of drug dose or increase of application interval May include cessation (tapering to 0), but then only after slow reduction 	
Cessation, stopping	Stopping of a particular drug	
Disease activity states		
Remission	ACR-EULAR remission definition (Boolean or index-based)	
Low disease activity	Low disease activity state according to any of the validated composite disease activity measures	
Moderate, high disease activity	Respective disease activity state according to any of the validated composite disease activity measures	
DMARD nomenclature Synthetic DMARDs (sDMARDs)	 Conventional synthetic DMARDs (csDMARDs) Targeted synthetic DMARDs (tsDMARDs) 	E.g. methotrexate, leflunomide, sulfasalazine, hydroxychloroquine E.g. baricitinib, tofacitinib
Biological DMARDs (bDMARDs	 Biological originator DMARDs (boDMARDs) Biosimilar DMARDs (bsD adalimumab, etanercep) 	

ACPA, anti-citrullinated protein antibody; ACR, American College of Rheumatology; DMARDs, disease-modifying antirheumatic drugs; EULAR, European League Against Rheumatism; RF, rheumatoid factor.

(1) Smolen JS, Landewe R, Bijlsma J, Burmester G, Chatzidionysiou K, Dougados M et al. EULAR recommendations for the management of rheumatoid arthritis with synthetic and biological disease-modifying antirheumatic drugs: 2016 update. *Ann Rheum Dis* 2017; 76:960-977.