Short Communication

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# Clinical Practise Guidelines for the Treatment of Systemic Lupus Erythematosus

**Abstract**

There are clinical practise recommendations for treating systemic lupus erythematosus on both a national and international level. However, the majority of them are either not intended for the Mexican population or are exclusively focused on treating specific disease presentations, such as lupus nephritis, or are intended for a particular physiological state, such as pregnancy. The Mexican College of Rheumatology sought to develop clinical practise guidelines that included the majority of SLE symptoms as well as those related to contentious topics like vaccination and the perioperative period. In the following document, the "The Mexican College of Rheumatology has proposed "Clinical Practise Guidelines for the Treatment of Systemic Lupus Erythematosus," which could be helpful primarily for physicians who are not rheumatologists but must treat patients with systemic lupus erythematosus but lack the necessary education in rheumatology. The reader will find advice on the management of general, articular, renal, cardiovascular, pulmonary, neurological, hematologic, and gastrointestinal symptoms as well as advice on vaccination and treatment management during the perioperative period in these guidelines. Introduced in the document.

**Keywords:** Non-medical switching • Rheumatoid arthritis • Saudi Arabia • Biologic treatment

**Clare E Parwani***

Department of Paediatric Rheumatology, Alder Hey Children's NHS Foundation Trust Hospital, UK

***Author for Correspondence:**

Clare@Parwani.com

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## Introduction

In Saudi Arabia, rheumatic disorders place a heavy strain on patients and the community. However, this has come at a higher direct expense to the health care systems. Biologics have dramatically improved the long-term concerns of people with rheumatic illnesses [1]. In various nations, the introduction of biosimilars to the clinical practise of rheumatology has resulted in significant cost savings and improved access to biologic treatment. Around the world, several uptake scenarios for biosimilars have been seen. This might be related to financial pressures, a variety of nonsupervisional methods, and variations in biosimilar introduction tactics in healthcare systems. The Middle East area, which suffers several healthcare-related difficulties and has been demonstrated to have a varied acceptance of biosimilars, is affected by all of these issues [2]. The poor levels of awareness and use of biosimilars in Saudi Arabia are a result of a lack of public guidelines, and this needs to be rectified. Rheumatologists are significant players who are essential to facilitating the adoption of biosimilars. Acceptable communication with patients and carers, an evaluation of the longevity of medical care, and confirmation of the emergence of adverse events are the key support activities that must be carried out when moving from a well-known birth remedy to a biosimilar remedy [3]. Previous research in other nations has identified various businesses and problems with the use of biosimilars that are mostly the outcome of a lack of understanding of the manufacturing and blessing processes for biosimilars. The following are the key challenges to full comprehension that have been noted: 1) a thorough understanding of the idea and summary of the supporting evidence; 2) extrapolation to all accepted ideas based on positive clinical trials in a model complaint; and 3) sparse long-term safety and

efficacy data [4].

## Methodology

The CSG meeting in May 2019 saw the introduction of this design, which lasted until November 2020. The CSG is a public expert group made up of doctors, nurses, clinical psychologists, multidisciplinary AHPs, and clinical clinicians. Strong consumer participation within the CSG helps to support the creation and execution of a wide range of clinical research and clinical trials in the area of paediatric rheumatology [5]. The excursus (p. 4) contains additional details about the CSG's organisational structure, including information about the functional group, steering group, and content-specific groups. The design steering committee, comprised of all CSG members (healthcare providers and consumers), was in charge of identifying interested parties to be consulted when requesting panel suggestions for further investigation [6]. The steering group also supported with the process of gathering exploration precedence ideas. The functional group oversaw all stages of the design and included the CSGco-chairs, the CSG trainee representative, a clinical academic foundation trainee, the CSG director, and an external expert in agreement decision timber and exploration precedence setting [7]. The process of relating and managing the exploration precedence ideas is outlined in the figure. The CSG consumer representatives gathered exploration ideas from cases with paediatric rheumatic complaint, their parents or caregivers, and other individualities or groups affected by paediatric rheumatic conditions (eg, siblings of cases, charities) [8]. Ideas were collected using an online check distributed to UK consumer organisations, societies, and charities (panel). The CSG's customers created the test questions to ensure that they were thoroughly understood and used appropriate lay language (Excursus, p. 2). The professional groups discussed in the panel underwent a similar procedure to collect suggestions for exploration precedents from health care experts. This procedure involved in-person meetings, virtual meetings, or online checks given to the professional groups.

## Discussion

This check is a crucial procedure that gives information to the SSR to direct the design of educational conditioning and the dissemination of objective information about biosimilars. We examined rheumatoid arthritis (RA) therapy options prior to Saudi Arabia's blessing of biosimilars in 2015. In that survey, 26.3 of the 54 actors used biosimilars before the original manufacturers, however in the current study, we found that roughly 60 of respondents said they are currently prepared to begin utilising biosimilars for treatment. During an indigenous meeting in 2018, we also ran a study on Arab rheumatologists and discovered that just 30 of the participants said they were more than likely to define a biosimilar to an eligible case. The COVID-19 outbreak and growing financial pressure on the hospital system are linked to the time of this study, which also lacks specifics. This might have affected how actors reacted. A growing market for biosimilars is currently emerging, especially in light of COVID-19's lucrative effects on the global medical supply chain. This has resulted in a shortage of medicines, which may force the creation of guidelines for the use of biosimilars and NMS. Finally, this action has connected important knowledge gaps about the biosimilar blessing procedure and other barriers that possibly affect how Saudi Arabian rheumatologists use them. Additionally, it connected unfavourable perceptions of NMS, which should be the focus of prenatal educational conditioning [9, 10].

**Conflict of Interest**

None

**Acknowledgment**

None

## References

1. Little PJ, Drennon KD, Tannock LR *et al*. Glucosamine inhibits the synthesis of glycosaminoglycan chains on vascular smooth muscle cell proteoglycans by depletion of ATP. *Arch Physiol Biochem.* 114(2), 120-126 (2008).
2. Tomlin JL, Sturgeon C, Pead MJ *et al*. Use of the bisphosphonate drug alendronate for palliative management of osteosarcoma in two dogs. *Vet Rec.* 147(5), 129-132 (2000).
3. Psychas V, Loukopoulos P, Polizopoulou ZS *et al*. Multilobular tumour of the caudal cranium causing severe cerebral and cerebellar compression in a dog. *J Vet Sci.* 10(1), 81-83 (2009).
4. Loukopoulos P, Thornton JR, Robinson WF. Clinical and pathologic relevance of p53 index in canine osseous tumors. *Vet Pathol.* 40(3), 237-248 (2003).
5. Bech-Nielsen S, Haskins ME. Frequency of osteosarcoma among first-degree relatives of St Bernard dogs. *J Natl Cancer Inst.* 60(2), 349-353 (1978).
6. Wilkins RM, Cullen JW, Odom L *et al*. Superior survival in treatment of primary nonmetastatic pediatric osteosarcoma of the extremity. *Ann Surg Oncol.* 10(5), 498-507 (2003).
7. Kundu ZS. Classification, imaging, biopsy and staging of osteosarcoma. *Indian J Orthop.* 48(3), 238-246 (2014).
8. Papalas JA, Balmer NN, Wallace C *et al*. Ossifying dermatofibroma with osteoclast-like giant cells: report of a case and literature review. *Am J Dermatopathol.* 31(4), 379-383 (2009).
9. Gelberg KH, Fitzgerald EF, Hwang SA *et al*. Fluoride exposure and childhood osteosarcoma: a case-control study. *Am J Public Health.* 85(12), 1678-1683 (1995).
10. Luetke A, Meyers PA, Lewis A *et al*. Osteosarcoma treatment where do we stand a state of the art review. *Cancer Treat Rev.* 40(4), 523-532 (2014).