

EULAR Task Force on Systemic Lupus Erythematosus: a critical appraisal

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Evaluation of: Bertsias G, Ioannidis JP, Boletis J: EULAR recommendations for the management of systemic lupus erythematosus. Report of a Task Force of the EULAR Standing Committee for International Clinical Studies Including Therapeutics. *Ann. Rheum. Dis.* 67, 195–205 (2008). Systemic lupus erythematosus is an autoimmune disease characterized by immune-mediated injury affecting multiple organ systems with protean clinical manifestations. The diagnosis, treatment and management of systemic lupus erythematosus are challenging, in part owing to the lack of specific practice guidelines supported by solid data in the published literature. The EULAR Task Force on Systemic Lupus Erythematosus was convened to provide clinicians with recommendations regarding the overall management of lupus patients. Here, we summarize and critically assess the Task Force's recommendations.

Current medical practice asks physicians and other healthcare providers to use evidence-based medicine, as much as possible, to guide the diagnosis, management and treatment of disease. This directive is realistically achievable for more common diseases such as diabetes mellitus or coronary artery disease, in which the peer-reviewed literature provides more solid information for busy clinicians to peruse and arrive at conclusions to guide medical care. For less common diseases such as systemic lupus erythematosus (SLE), which affects approximately 250,000 persons in the USA, the use of evidence-based medicine to guide a large number of clinical issues is limited by the relative paucity of hard data. Consensus statements, written by individuals with special expertise or interest in a particular aspect of a disease, science or methodology and arrived at through different processes, offer healthcare professionals another source of information to assist them in making important clinical decisions.

The primary objective of the EULAR Task Force on SLE was to develop specific recommendations regarding 'major issues' in the management of lupus using evidence-based medicine [1]. We commend this EULAR Task Force for creating this outline. These recommendations were put together by well-known EULAR lupus specialists using the Delphi technique, which is a consensus-building iterative process, developed in the 1950s by the Rand Corporation, that gathers expert opinion using questionnaires [2]. The EULAR Task Force recommendations were based on selected SLE topics, including the general management of SLE,

management of neuropsychiatric lupus, pregnancy, antiphospholipid syndrome, and lupus nephritis. In this outline, consensus was reached on a set of recommendations. In total, 146 papers published in medical journals were reviewed using McMaster/Hedges strategies and rated and graded to determine the strength of the evidence supporting the recommendations. From this exercise, 12 key recommendations in the following groupings evolved (Table 1 in [1]):

- General management: prognosis, monitoring, comorbidities, treatment and adjunct therapy
- Neuropsychiatric lupus: diagnosis, treatment
- Pregnancy in lupus: mother, fetus
- Antiphospholipid syndrome
- Lupus nephritis: monitoring, treatment, end-stage renal disease

As the authors/committee acknowledge, there are very few randomized, controlled trials on any of the proposed therapies, and most involve small numbers of patients, thus making it difficult to make recommendations. The problem is even more pronounced when making recommendations for diagnosis and monitoring.

It is not clear how the committee selected and reviewed the papers, and whether, in fact, all the committee members reviewed each of the 146 papers and came to a consensus regarding their individual merits. As with any article published in a medical journal, a reviewer can quibble with some aspects. Deriving conclusions based on consensus building can lead to difficult decisions – one only has to recall Henry Fonda in '12 Angry Men' [3].

Keywords: EULAR Task Force, lupus, management and treatment guidelines, systemic lupus erythematosus

future medicine part of fsg

The Task Force did not provide specific recommendations for some of the more clinically significant and common aspects of SLE, such as the cutaneous, musculoskeletal and hematological systems, or for fatigue. Comments regarding the highly effective and standard use of topical corticosteroids for the treatment of rashes were omitted. Recommendations regarding these 'non-organ' manifestations were lumped together in the general management section.

The section on the neuropsychiatric aspects of SLE ignores the ACR report that points out that there are 19 different neuropsychiatric aspects of SLE, with different clinical scenarios, emphasizing that the specific form of neuropsychiatric SLE needs to be defined to accurately assess evaluation and management, as well as for epidemiological research. The discussion regarding neuropsychiatric lupus made no mention of the utility of cerebrospinal fluid analysis and electrophysiologic studies (e.g., electroencephalography and nerve-conduction studies) in the work up of this poorly understood aspect of SLE.

The authors recommend that practitioners utilize one of three activity indices (British Isles Lupus Assessment Group, European Consensus Lupus Activity Measurement, or SLE Disease Activity Index) to assist them in management, although this recommendation is not made using evidence-based medicine, and may be driven by a desire to give equal voices to the proponents of each of these measures. In addition, it would be helpful for the authors to acknowledge that the implementation of these indices in the daily practices of busy clinicians may not be feasible or realistic; they largely remain research tools, not too dissimilar from the role of the mini health assessment questionnaire or the health assessment questionnaire in the evaluation of patients with rheumatoid arthritis. The use of these indices in daily practice has not been validated.

The Task Force did not make any specific recommendations regarding the management of comorbidities in lupus patients other than stating that "minimization of risk factors together with a high index of suspicion" should be considered. Many of these comorbidities are modifiable, and although there are no data supporting specific screening methods, one could argue that the Task Force could have taken a bold step by recommending some specific screening procedures (e.g., annual measurements of lipids in lupus patients),

given the opportunity presented to them, despite the lack of supporting evidence, as they suggested for the utilization of activity indices in daily practice.

A section on a future research agenda could have been included. Topics that require continued focus and exploration include the definition of subsets, reliable and sensitive predictors of flare and, most importantly, finding a cure.

In conclusion, we find this exercise to be meritorious in providing clinicians with a brief guideline for the evaluation and treatment of patients with SLE. However, this outline should be viewed as just an overture to a full opera. It would have been helpful for the Task Force to recommend textbooks on lupus (see Information resources) for those clinicians who wanted a more in-depth discussion of one of the topics discussed.

Future perspective

Contributions from ongoing research in the basic science, epidemiology and genetics of lupus, and information gathered from clinical trials of novel therapeutics in patients with various manifestations of lupus and lupus nephritis, will lead to new knowledge regarding the diagnosis and treatment of lupus. Management guidelines for lupus will likely be further developed to reflect these observations, and subsequent consensus opinions will incorporate this new information.

Information resources

- Wallace DJ, Hahn BH, Quismorio FP Jr, Klinenberg JR: *Dubois' Lupus Erythematosus (5th Edition)*. Williams & Wilkins, PA, USA (1997).
- Lahita RG: *Systemic Lupus Erythematosus (4th Edition)*. Elsevier Academic Press, PA, USA (2004).
- Schur PH: *The Clinical Management of Systemic Lupus Erythematosus (2nd Edition)*. Lippincott, Williams & Wilkins, PA, USA (1996).
- Harris E, Budd R, Firestein G *et al.*: *Kelley's Textbook of Rheumatology (7th Edition)*. Elsevier Saunders, PA, USA (2004).
- Hochberg MC, Silman AJ, Smolen JS, Weinblatt ME, Weisman MH: *Rheumatology (3rd Edition)*. Mosby, PA, USA (2003).
- UpToDate, an evidence-based, peer-reviewed information resource
www.uptodate.com

- ACR Ad Hoc Committee on Systemic Lupus Erythematosus Guidelines: Guidelines for referral and management of systemic lupus erythematosus in adults. *Arthritis Rheum.* 42, 1785–1796 (1999).
Previous ACR guidelines for the evaluation and management of lupus.
- Schur PH; Renal Disease Subcommittee of the ACR Ad Hoc Committee on Systemic Lupus Erythematosus Response Criteria: The American College of Rheumatology response criteria for proliferative and membranous renal disease in systemic lupus erythematosus clinical trials. *Arthritis Rheum.* 54, 421–432 (2006).
Report of an ACR committee providing guidelines of how to evaluate and monitor the clinical activity of lupus nephritis.
- Ad Hoc Committee on Systemic Lupus Erythematosus Response Criteria for Fatigue: Measurement of fatigue in systemic lupus erythematosus: a systematic review. *Arthritis Rheum.* 57, 1348–1357 (2007).
Report of an ACR committee providing guidelines of how to evaluate and monitor fatigue in patients with lupus.
- Solomon DH, Kavanaugh AJ, Schur PH *et al.*: Evidence-based guidelines for the use of immunologic tests: antinuclear antibody testing. *Arthritis Rheum.* 47, 434–444 (2002).
Report of an ACR committee regarding the sensitivity and specificity of antinuclear antibody tests in patients with lupus and related diseases.
- Kavanaugh AF, Solomon DH; ACR Ad Hoc Committee on Immunologic Testing Guidelines: Guidelines for immunologic laboratory testing in the rheumatic diseases: anti-DNA antibody tests. *Arthritis Rheum.* 47, 546–555 (2002).
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- Benito-Garcia E, Schur PH, Lahita R: Guidelines for immunologic laboratory testing in the rheumatic diseases: anti-Sm and anti-RNP antibody tests. *Arthritis Rheum.* 51, 1030–1044 (2004).
Report of an ACR committee regarding the sensitivity and specificity of anti-Sm and anti-RNP antibody tests in patients with lupus and related diseases.

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Executive summary

- Evidence-based medicine is being increasingly encouraged in current medical practice.
- Consensus statements written by individuals with special expertise offer practitioners guidelines for diseases in which specific information may not be apparent in the available, published literature.
- Using the Delphi technique, the EULAR Task Force on Systemic Lupus Erythematosus (SLE) makes 12 key recommendations regarding the general management of lupus and its more specific manifestations (neuropsychiatric lupus, pregnancy, antiphospholipid syndrome and lupus nephritis).
- The Task Force did not provide specific recommendations for some of the more clinically significant and common aspects of SLE, such as the cutaneous, musculoskeletal and hematological systems, or for fatigue.
- The Task Force recommended that one of three lupus activity indices be used in clinical practice.
- Specific recommendations regarding the management of comorbidities in lupus patients were not made.
- Overall, the consensus statement is a useful reference for clinicians caring for lupus patients.
- Clinicians should be advised to consider a more in-depth evaluation and management of lupus by consulting either a specialist or one of the textbooks on lupus or a rheumatology textbook.

Bibliography

Papers of special note have been highlighted as either of interest (•) or of considerable interest (••) to readers.

1. Bertsias G, Ioannidis JP, Boletis J: EULAR recommendations for the management of systemic lupus erythematosus. Report of a Task Force of the EULAR Standing Committee for International Clinical Studies Including Therapeutics. *Ann. Rheum. Dis.* 67, 195–205 (2008).

2. *Gazing Into the Oracle: The Delphi Method and Its Application to Social Policy and Public Health.* Adler M, Ziglio E (Eds). Jessica Kingsley Publishers, London, UK (1996).
3. Sidney Lumet: *12 Angry Men.* Orion-Nova Productions (1957).

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