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Research Letter

Canadian Rheumatology Association Living Guidelines for Rheumatoid Arthritis: Update #1

To the Editor:

We have updated the Canadian Rheumatology Association (CRA) guidelines for rheumatoid arthritis, with a series of best practice statements and a recommendation for the choice of disease-modifying antirheumatic drug therapy after an inadequate response to tumor necrosis factor inhibitors (TNFi). These add to our prior recommendation for tapering of advanced therapy.[1] The full list of best practice statements and treatment recommendations is summarized (Table). Readers should always consult the online version of the guideline,[2] which will always be the latest version with all recommendations, and include important contextual information for each recommendation, along with supporting evidence summaries. The online version is available via an interactive web-based platform for guideline authoring and publication (MAGICapp) and can be accessed directly (https://app.magicapp.org/#/guideline/jNxw7n) or through the CRA website (www.rheum.ca).

The recommendations and statements were developed using the Grading of Recommendations, Assessment, Development and Evaluation (GRADE) approach.[3] Consistent with CRA processes, a full evidence-to-decision framework that summarizes the evidence and rationale for the recommendation is available for each treatment recommendation in the online version of the guideline. For the best practice statements, we present an explicit rationale for each statement following GRADE guidance,[4] also available in the online version of the guideline.

We will continue to develop recommendations over time, and these will be added to the online version of the guideline on MAGICapp as they are developed. Journal versions of the guidelines will be published periodically to aid in knowledge translation. When citing the guidelines, both the original journal publication and online version should be cited, as these describe the full methods of development.[1,2] Authors may choose to also cite other update articles.

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Table. Full list of current CRA treatment recommendations for the management of RA.

Treatment Recommendations
In people with RA who have had an inadequate response to a first TNF inhibitor, we suggest treatment with either a different TNF inhibitor, non-TNF biologic or JAK inhibitor. In the subset of patients at higher risk of cardiovascular morbidity, we suggest treatment with either a different TNF inhibitor or non-TNF biologic over a JAK inhibitor. (Conditional recommendation, moderate certainty evidence) **(NEW)**
In people with RA who have been in sustained low disease activity or remission for at least 6 months, we suggest offering stepwise reduction in the dose of b/tsDMARD without discontinuation, in the context of a shared decision, provided patients are able to rapidly access rheumatology care and reestablish their medications in case of a flare. In patients where rapid access to care or reestablishing access to medications is challenging, we conditionally recommend against tapering. (Conditional recommendation, moderate certainty evidence) **(Unchanged)**
Best Practice Statements
All individuals living with RA should have early and equitable access to rheumatologic care. **(NEW)**
Treatment should be tailored to the given individual's disease profile and comorbidities, and should be guided by shared decision making. **(NEW)**
Treatment should aim to achieve remission and, when not feasible, minimal disease activity. **(NEW)**
Patients receiving treatment should be counseled regarding potential harms and appropriate monitoring. **(NEW)**
Patients with RA should receive preventive care and screening tailored to individual risk factors. **(NEW)**
Patients living with RA should, where possible, be provided opportunities to engage in research, both as participants and as potential research partners or representatives, to further knowledge and understanding. **(NEW)**
Patients with RA should have access to interdisciplinary shared care models with rheumatologists and other healthcare professionals trained and experienced in the management of RA, tailored to their needs. **(NEW)**

b/tsDMARD: biologic/targeted synthetic disease-modifying antirheumatic drug; CRA: Canadian Rheumatology Association; JAK: Janus kinase; RA: rheumatoid arthritis; TNF: tumor necrosis factor.

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