

Treatment of inflammatory rheumatic diseases

Main groups of drugs for rheumatic diseases:

- Nonsteroidal rheumatic drugs (non-steroidal anti-inflammatory drugs) – NSA
- Disease modifying drugs – DMARDs (Disease modifying antirheumatic drugs)
- Glucocorticoids
- Other

NSA

- relieve inflammation, swelling and pain, but they do not improve the prognosis in the long term – **treat only symptoms**
- e.g. : ibuprofen, diclofenac, naproxen, nimesulide, celecoxib
- side effects: **gastrotoxicity** (GIT – ulcers, NSA – gastropathy)

DMARDs

- in the long term they have a positive effect on the process of the disease, but **they do not improve the X-ray prognosis**, the onset of action lasts 6-12 weeks
- wide group of drugs:

1. Hydroxychloroquine
2. Leflunomide
3. Cyclosporin
4. Sulfasalazin
5. Methotrexate
6. Azathioprine
7. Cyklofosamid
8. Biological treatment

Glucocorticoids

- anti-inflammatory and rapid effect, but in monotherapy **it is not enough to induce remission**
- to overcome the phase, before DMARDs starts working
- they have a positive effect on the X-ray progression of the disease

Biological treatment of rheumatic diseases

Mainly used for diseases:

- Rheumatoid arthritis
- Juvenile idiopathic arthritis (Still's disease)
- Psoriasis
- Bechterew's disease
- Systemic lupus erythematosus
- Systemic scleroderma
- Systemic vasculitis
- Polymyositis, dermatomyositis

Used drugs:

- TNF- α inhibitors: infliximab (REMICADE), etanercept (ENBREL) and adalimumab (HUMIRA)
- IL-6 inhibitors: tocilizumab (ROACTEMRA)
- IL-1 inhibitors: anakinra (KINERET)

Other drugs

- Antibiotics (reactive arthritis, to the side effects of immunosuppression)
- tars, calcitriol, retinoids... (psoriasis)

Links

References

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Kategorie:Revmatologie Kategorie:Vnitřní lékařství