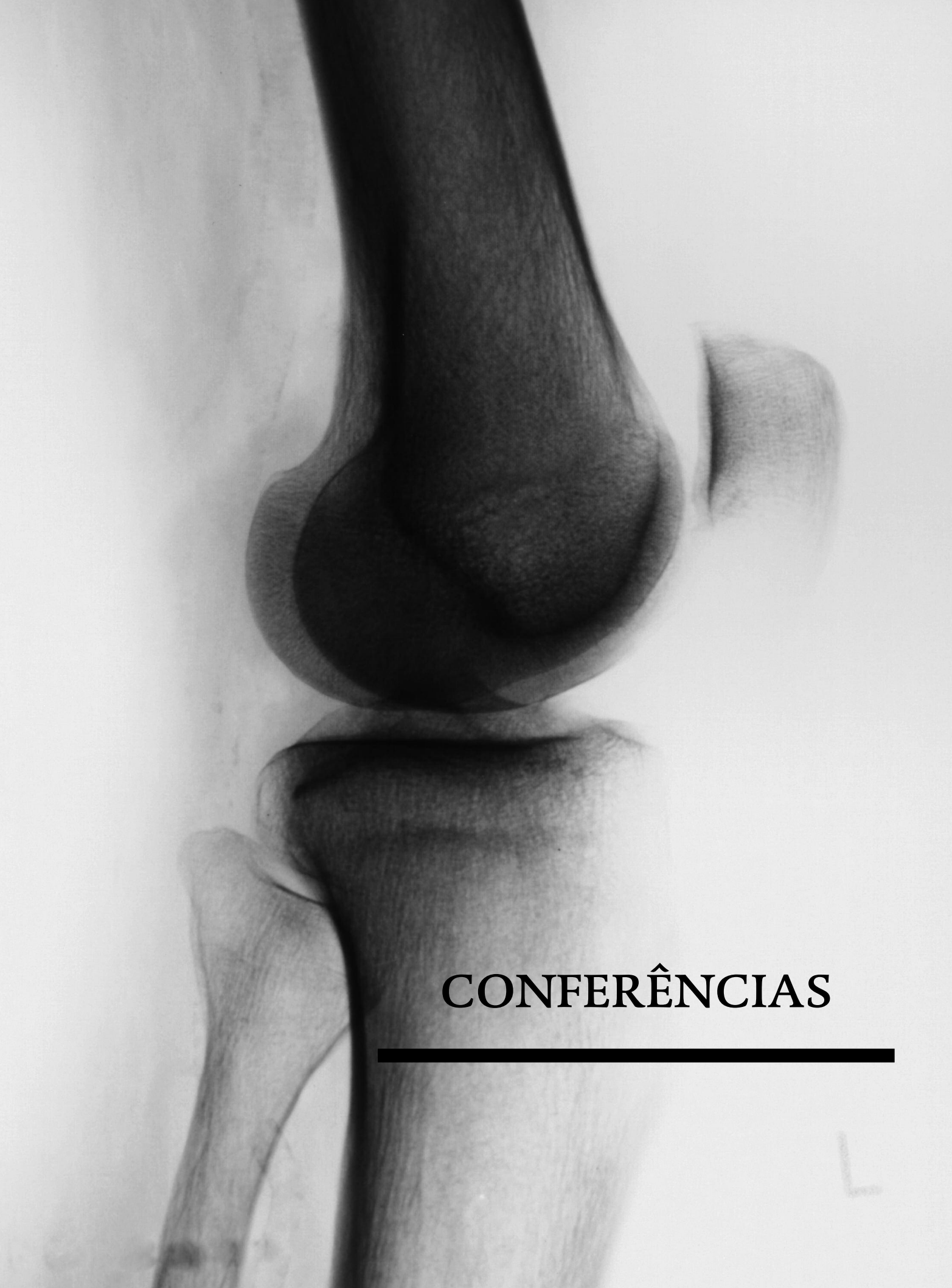

CONFERÊNCIAS

Conferências

ACTA REUMATOL PORT. 2016:41:27-29 (SUP)

CONFERÊNCIA 1
PERSONALIZED TREATMENT FOR FIBROMYALGIA: ARE THERE SUBTYPES OF FIBROMYALGIA?

Afton Hassett
Chronic Pain & Fatigue Research Center, University of Michigan

In the era of personalized medicine, there are efforts in many subspecialties to better characterize patients in order to offer more tailored and thus more effective treatment. This approach might be particularly useful for our patients with fibromyalgia. Currently, there are few effective pharmacological treatments for fibromyalgia leaving clinicians and patients feeling frustrated. Addressing only the physiological aspects of pain with a pill has been insufficient. Because the pain associated with fibromyalgia is thought to be due to central nervous system dysregulation, the impact of thoughts and emotions are likely more profound. Pain in fibromyalgia is complex and multifactorial; therefore, our treatment strategies need to be more comprehensive, as well. In this session, subtypes of fibromyalgia will be explored based on biological, cognitive and affective differences. Topics that will be covered include neuroimaging findings that elucidate the intricate relationships between thoughts, emotions and pain, as well as clinical data showing individual differences amongst fibromyalgia patients. Tailoring the approach to treatment for various subgroups will be discussed including how to identify and promote patient resilience. Specific positive affect enhancing techniques will be presented, as will strategies to help clinicians work with the most challenging subgroup of patients, individuals with personality disorders.

CONFERÊNCIA 2
STATE-OF-THE-ART OF THE TREATMENT OF LUPUS AND RESPONSE CRITERIA

David A Isenberg
Centre for Rheumatology, Dept of Medicine, University College London

The outlook for patients with lupus has improved substantially with mortality dropping from 50% four-year survival in 1950 to 85% fifteen-year survival now. This has been achieved by the introduction of corticosteroids (preferably used in the lowest possible doses for the shortest possible period of time) together with immunosuppressive drugs notably azathioprine, cyclophosphamide, mycophenolate and more recently tacrolimus. In addition, the use of plaquenil, anti-hypertensives, lipid-lowering agents and drugs to treat osteoporosis have had important parts to play in the improved overall outcome.

It seems evident however that these more conventional routes must now be supplemented by biologic drugs in order to effect an even better outcome. Sadly, and quite different from the situation in rheumatoid arthritis, psoriatic arthritis and ankylosing spondylitis, the biologic "revolution" has not really taken place in lupus. Benlysta, which blocks the B-cell activating factor BLyS, has been approved by the FDA for use in lupus patients with skin and joint disease only. Other trials are ongoing. The most widely-used biologic drug, rituximab, did not meet its endpoints in two pivotal clinical trials but is widely accepted to be effective in patients with many lupus clinical features. The failure of several biologic drugs including abatacept and tabalimumab and Rontalizumab has been extremely disappointing. However the use of atacicept which blocks two B-cell activating factors and silfalimumab and anifrolumab (which block interferon-alpha) have continued to encourage the idea that new therapeutic options will soon be available for lupus although progress is slow.

A key element in assessing the success or failure of the new biologic drugs, are the response criteria that have been used. Amongst the global activity systems the SLEDAI (and its newer variants) is the most widely used and the BILAG system (which captures partial change or deterioration in a way the global score systems cannot do), is also almost universally utilised. Attempts to combine these systems with the addition of a physician's global assessment in the SRI and BICLA systems have also been more widely used.

REFERENCES
Lisnevskaia L, Murphy G, Isenberg DA. Systemic Lupus Erythematosus. The Lancet 2014; 384: 1878-88.
Ramos L, Isenberg DA. Rituximab: the lupus journey. Curr Treat Opt In Rheum 2015; 1: 30-41.

CONFERÊNCIA 3
NEW TREATMENTS FOR IMMUNE MEDIATED RHEUMATIC DISEASES: NEW MONOCLONAL ANTIBODIES AND NEW INHIBITORS OF INTRACELULAR SIGNALING. WHAT IS IN THE PIPELINE?

John Isaacs
Institute of Cellular Medicine at Newcastle University

CONFERÊNCIA 4
THE FUTURE OF OSTEOARTHRITIS

João Eurico Fonseca
Serviço de Reumatologia do Hospital de Santa Maria, CAML; JE Fonseca Lab, Instituto de Medicina Molecular, Faculdade de Medicina da Universidade de Lisboa, CAML

During this presentation the cornerstone of current osteoarthritis treatment will be reviewed, including critical appraisal of the evidence of presently used drugs, integrating them with available guidelines.

In addition, new concepts of osteoarthritis treatment interventions, interfering with metabolic and inflammatory pathways and with structure and biomechanics will be discussed.