

**Comments: Recommendations for prevention of infection in systemic autoimmunehumatic diseases**



**Comentario a: Recomendaciones SER sobre prevención de infección en enfermedades reumáticas autoinmunes sistémicas**

Dear Editor,

We read with interest the excellent systematic review by Rúa-Figueroa Fernández de Larrinoa et al., representing SER experts and published in *Reumatología Clínica*<sup>1</sup> on the prevention of infections in systemic autoimmune rheumatic diseases. We would like to make a few remarks in connection with these general recommendations.

Prophylaxis is recommended with trimethoprim/sulfa metoxazole (TMP/SMX) at a dose of 400/80 mg per day against *Pneumocystis jirovecii* in patients with systemic autoimmune rheumatic diseases treated continuously with doses of glucocorticoids  $\geq 20$  mg/day. These recommendations may lead to error, given that the tablets commercialized in Spain under the name Septrin® contain 80 mg TMP and 400 mg SMX, while Septrin Forte® are twice this dose: TMP 160/SMX 800.<sup>2</sup>

On the other hand, we consider that it may be of interest to include recommendations in case of latent tuberculous infection outside treatments with anti-TNF.<sup>3</sup> This subject was recently raised in other journals in a general sense,<sup>4</sup> where the specific advice was to routinely apply the IGRA test for all patients received glucocorticoids at an equivalent dose to prednisone 2 mg/kg/day, 15 mg per day during at least one month, or other immunosuppressant medication. Nevertheless, when indicating prophylactic treatment for a latent tuberculous infection recommendations are less strict. They propose indicating treatment only after a risk/benefit analysis and evaluation of possible interactions and the risk of hepatotoxicity, without considering the specific risk of the different synthetic or

biological immunosuppressant drugs or reviewing the evidence for this.

**Conflict of interests**

The authors have no conflict of interests to declare.

**References**

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