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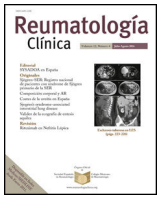

Letter to the Editor

Dosage and time of use of glucocorticoids in rheumatoid arthritis

Dosis y tiempo de empleo de glucocorticoides en artritis reumatoide

Dear Editor,

We have no evidence that short-term glucocorticoid (GC) bridging therapy alters structural changes, although we recognise that it improves symptomatology, despite the fact that a few weeks may not be sufficient to achieve efficacy and alter the natural course of rheumatoid arthritis (RA).[1–3]

Low-dose GCs (5 mg prednisone [pdn]) alter the natural history of RA; although there are no studies as yet comparing effects on structural changes with ≤5 vs. ≤10 mg/pdn/d.[4,5] In addition, it appears that efficacy is similar with the use of 5 mg or less for RA activity even at disease onset, and such doses are safe, even after a decade, in most patients, without modifying adrenal function or response.[6,7]

In a similar time frame and over a longer period, there is evidence that, out of the adverse events associated with these doses, osteoporosis and infectious processes are the most notable, even at low doses (5 mg/pdn/d or equivalent), and we have not defined a reasonable minimum safe duration to avoid or restrict these effects.[8,9] It is clear that the higher the dose and the longer the administration time, the greater the likelihood of these and many other additional adverse events.

On the other hand, it is of highly significant interest that the requirements of low doses of GCs are not limited to their use as bridge therapy for most patients; moreover, it seems that the achievement and maintenance of adequate response (remission or low activity) is achieved with the continued administration of very low doses of steroids.[10,11]

Thus, despite the potential benefits of the use of GCs in RA, in the face of adverse events we can incorporate these in our therapeutic proposal as a bridge therapy at doses of ≤7.5 mg/pdn/d and longer term, or, indefinitely at maintenance doses of ≤5 mg/pdn/d, even when in remission and with biological therapy.[12,13]

The authors, research lecturers at the Faculty of Medicine of the Autonomous University of San Luis Potosí and the Regional Rheumatology Unit of the Central Hospital Dr Ignacio Morones Prieto, certify our commitment to comply with the Code of Ethics, with the objectives of establishing and promoting principles and values, responsibilities and ethical commitments in relation to behaviours and practices to achieve patient benefits and institutional objectives, as well as contributing to the good use of public resources; framed within the Code of Ethics.

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