
AMCR

Les Rhumatismes Inflammatoires Chroniques

Dr Olivier Brocq - Rhumatologue
CHPG

Monaco

Réunion patient 21 Octobre 2023 - Samedi après-midi

Hotel Le Meridien 22 Avenue Princesse Grâce 98000 Monaco

TROISIEME RENCONTRE MONÉGASQUE POUR LES RHUMATISMES INFLAMMATOIRES
REGROUPANT LES ASSOCIATIONS MONÉGASQUES (AMCR) ET FRANÇAISES (ACS ET AFP RIC)
PARRAINAGE DE LA SOCIETE FRANÇAISE DE RHUMATOLOGIE (SFR)

Réunion patient 21 Octobre 2023 - Samedi après-midi
Hotel Le Meridien 22 Avenue Princesse Grâce 98000 Monaco

Programme :

- **15h30** Accueil des participants
- Visite des stands : Association de Monaco / ACS France / AFP Ric France / Hôpital : Infirmière éducation thérapeutique / Podologue ergothérapie / Laboratoires
- **15h45** Discours du Président
- **15h50** Patient : Témoignage des familles
- **16h00** Rhumatisme inflammatoire (PR et SpA) Dr Brocq : Le point 2023 - **Questions-Réponses**
- **16h30** Alimentation et Rhumatismes, (PR et SpA) Dr Acquacalda CHPG
- **17h00** Pause - Goûter
- **17h15** Témoignage Sport et Rhumatismes
- **17h30** Sport et Rhumatismes (PR et SpA) - Dr Philippe Kuentz (ancien médecin AS Monaco Football Club)
- **18h00** Dr Lascar CHPG : Chirugie de la main et Polyarthrite rhumatoïde
- **18h30 Questions-Réponses**
- **19H00** Conclusion

PR : Polyarthrite Rhumatoïde
SpA : Spondylorthropathies

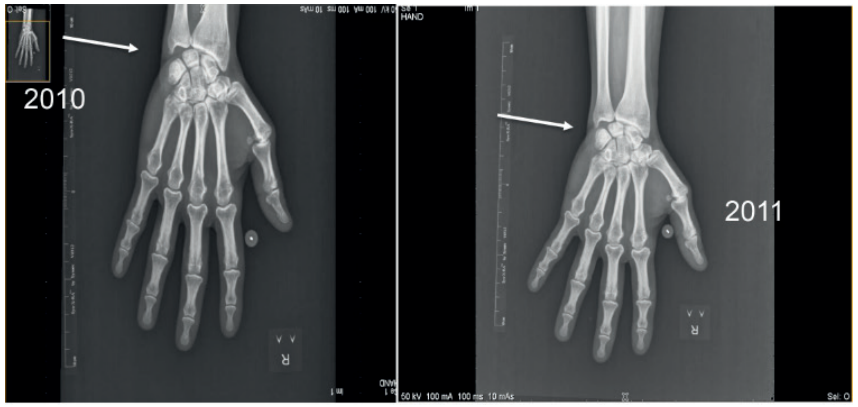
Avec le soutient des Laboratoires Lilly, Abbvie, Galapagos , Amgen, Fresenius Kabi, UCB

INSCRIPTION GRATUITE MAIS OBLIGATOIRE

Secrétariat du Président AMCR Mr Giraudi : l.ammirati@giraudi.com
Secrétariat du Dr Brocq : contact.rhumato@chpg.mc
ACS pour les spondylarthrites : info@acs-france.org
AFP ric pour les polyarthrites rhumatoides : reynaud_isabelle@hotmail.fr
Site internet : **www.amcr.asso.mc**

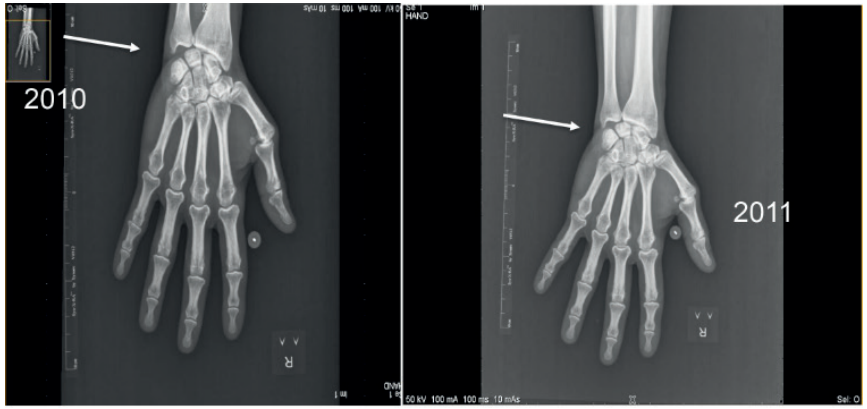
ASSOCIATION MONÉGASQUE CONTRE LES RHUMATISMES

La Polyarthrite Rhumatoïde



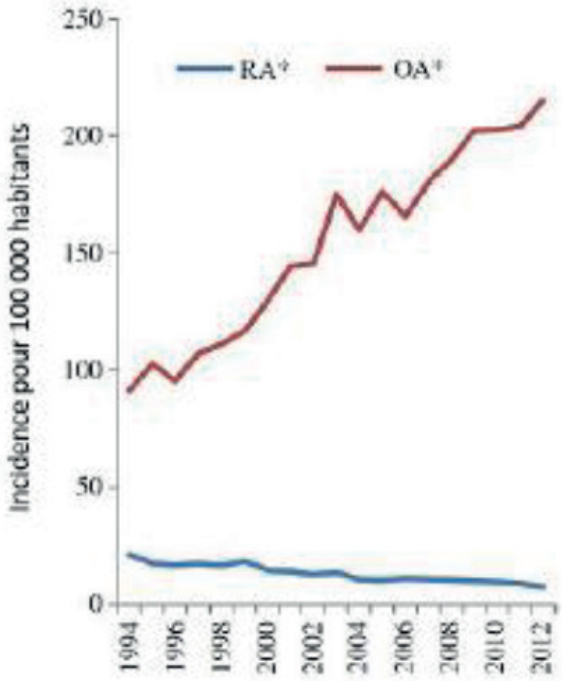
Arrêt de la destruction articulaire sous

biomédicament dans la Polyarthrite Rhumatoide



AMCR

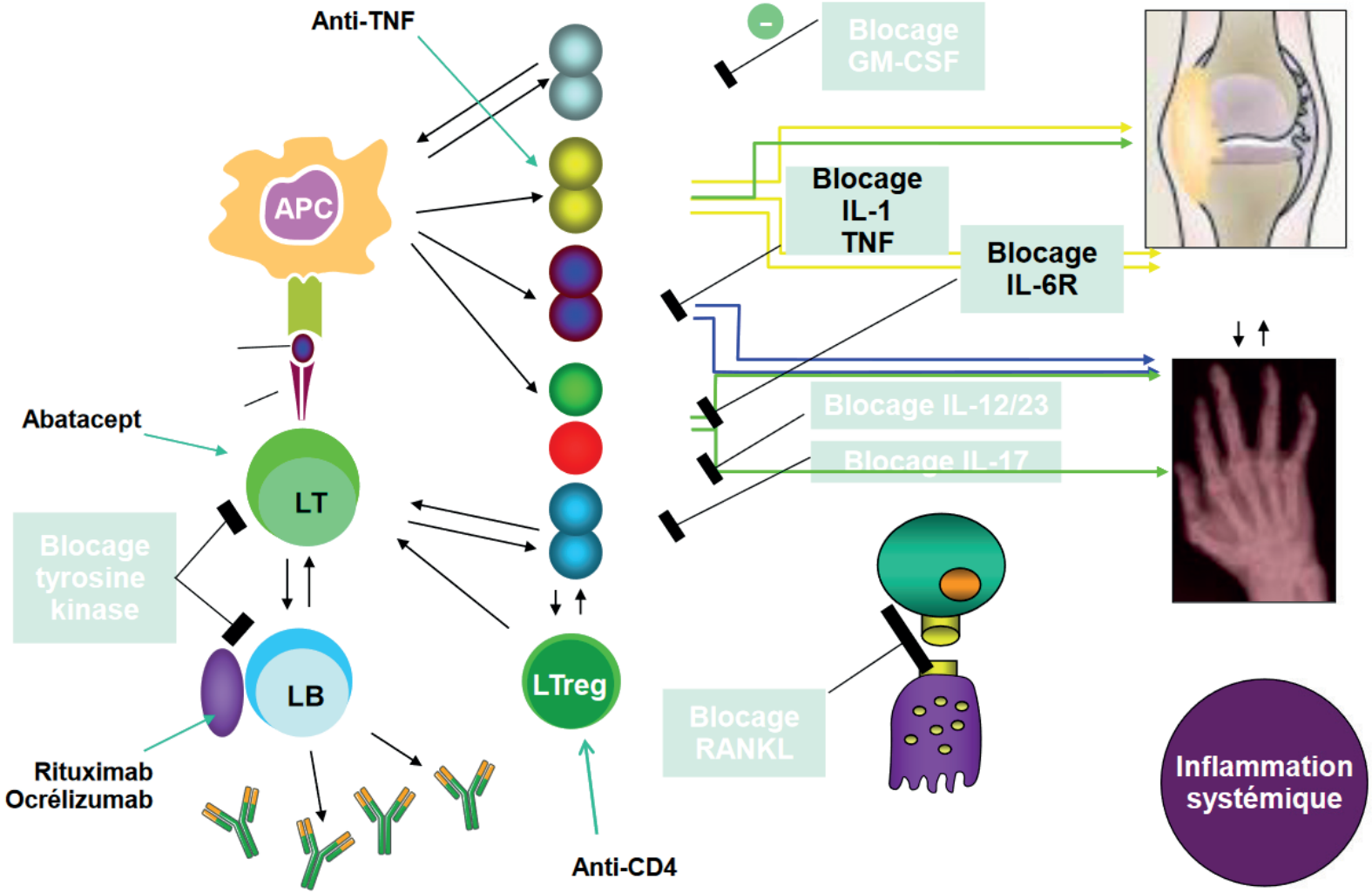
Diminution progressive dans la PR[(1)] croissance linéaire dans l'arthrose de la pose de prothèse



AMCR

[(1)]PR : Polyarthrite Rhumatoïde

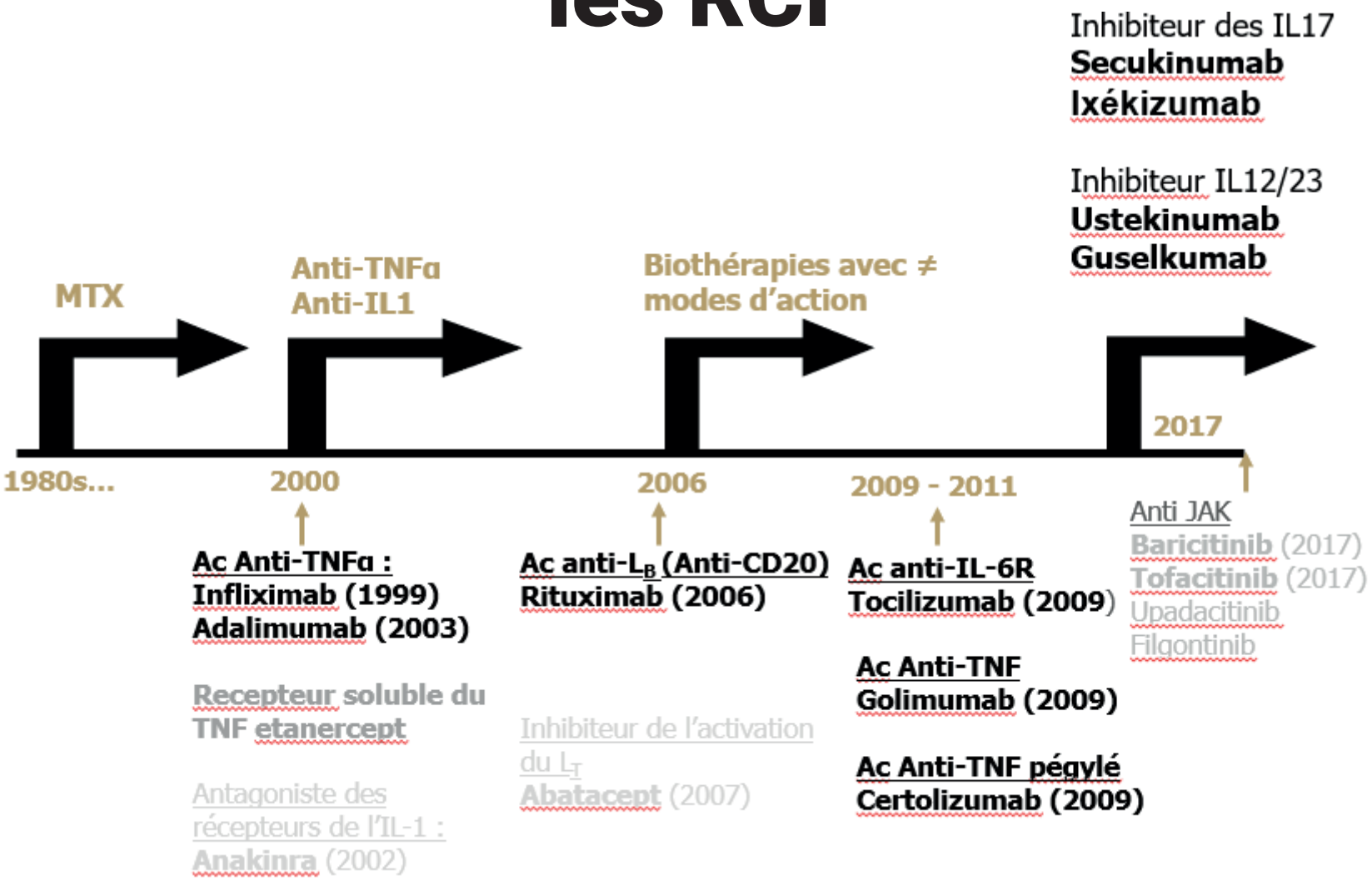
Cibles Thérapeutiques dans la PR[1]



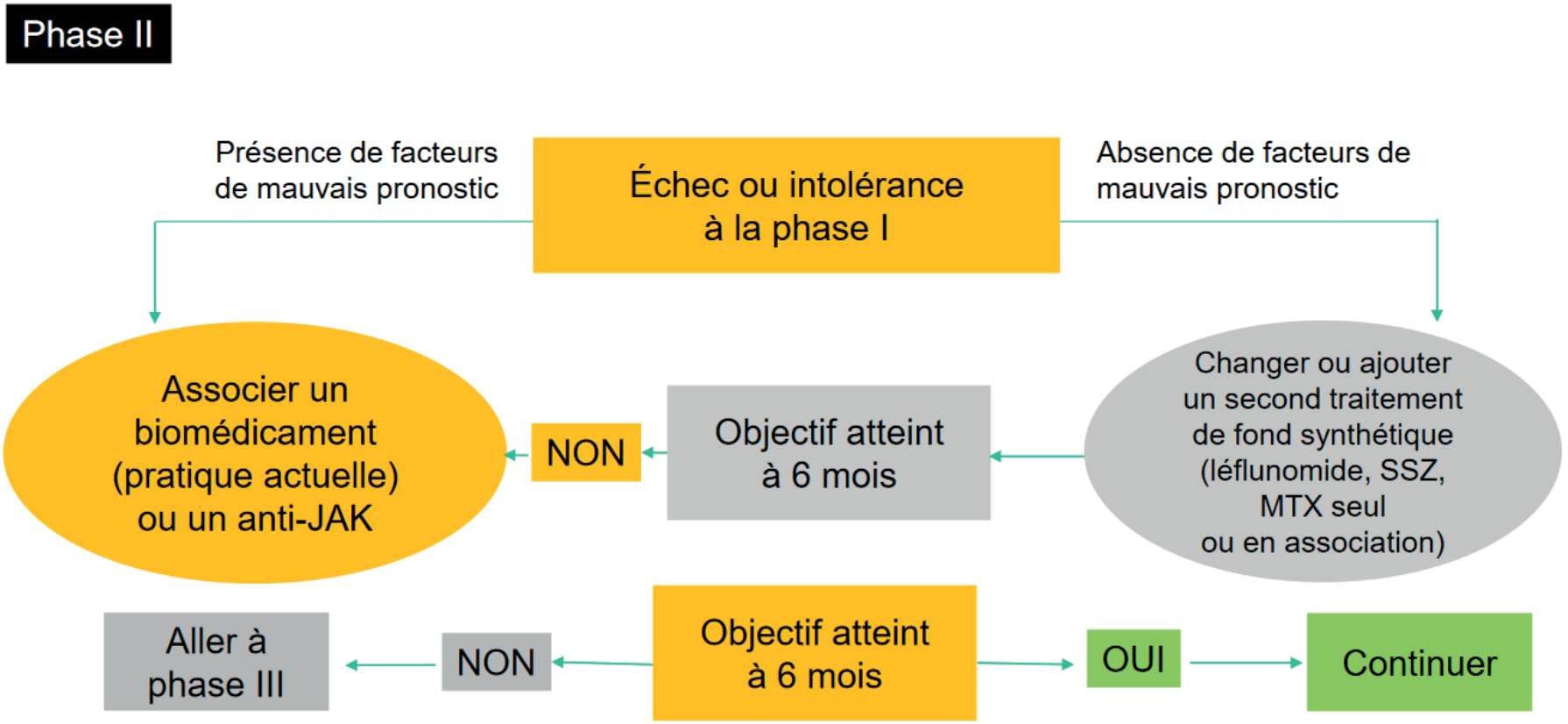
Post-America 2013 – D'après ACR 2010

[1]PR : Polyarthrite Rhumatoïde

Evolution des traitements dans les RCI



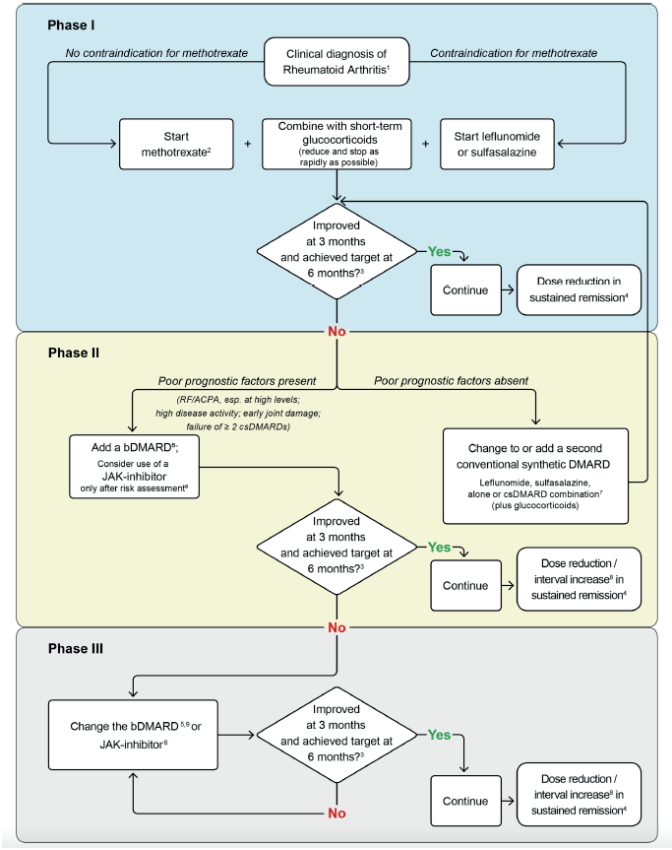
Polyarthrite récente : mise à jour des recommandations



AMCR

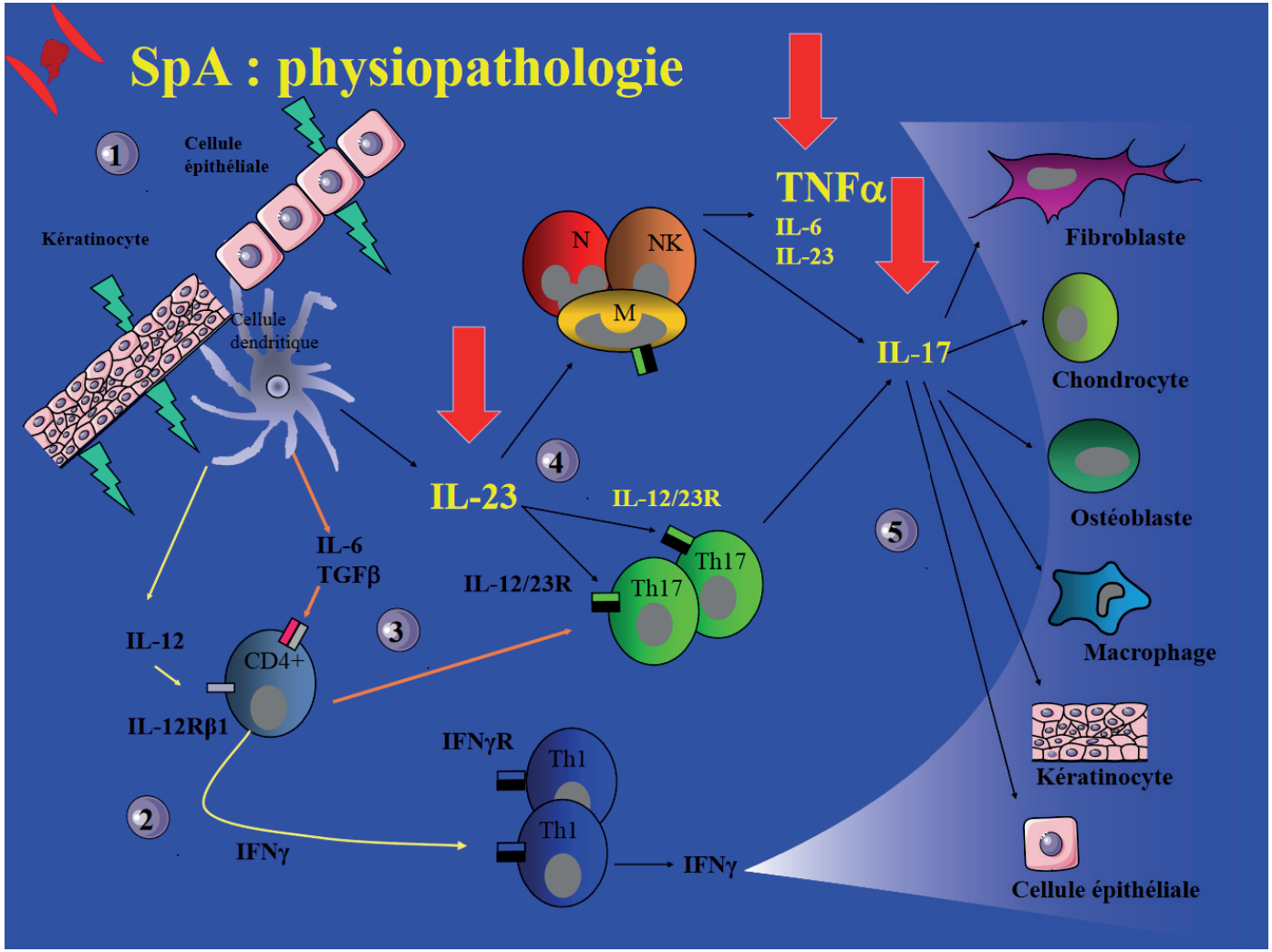
Polyarthrite Rhumatoïde : Recommandations EULAR 2022

1. *2010 ACR-EULAR classification criteria can support early diagnosis.*
2. *"Methotrexate should be part of the first treatment strategy". While combination therapy of csDMARDs is not preferred by the Task Force, starting with methotrexate does not exclude its use in combination with other csDMARDs although more adverse events without added benefit are to be expected, especially if MTX is combined with glucocorticoids.*
3. *The treatment target is clinical remission according to ACR-EULAR definitions or, if remission is unlikely to be achievable, at least low disease activity; the target should be reached after 6 months, but therapy should be adapted or changed if insufficient improvement (less than 50% of disease activity) is seen after 3 months.*
4. *Sustained remission: ≥ 6 months ACR/EULAR index based or Boolean remission.*
5. *Consider contraindications and risks. TNF-inhibitors (adalimumab, certolizumab, etanercept, golimumab, infliximab, including EMA/FDA approved bsDMARDs), abatacept, IL-6R inhibitors, or rituximab (under certain conditions); in patients who cannot use csDMARDs as comedication IL6-inhibitors and tsDMARDs have some advantages.*
6. *The following risk factors for cardiovascular events and malignancies must be considered when intending to prescribe a JAK-inhibitor: Age over 65 years, history of current or past smoking, other cardiovascular risk factors (such as diabetes, obesity, hypertension), other risk factors for malignancy (current or previous history of malignancy other than successfully treated NMSC), risk factors for thromboembolic events (history of MI or heart failure, cancer, inherited blood clotting disorders or a history of blood clots, as well as patients taking combined hormonal contraceptives or hormone replacement therapy, undergoing major surgery or immobile)*
7. *The most frequently used combination comprises methotrexate, sulfasalazine and hydroxychloroquine.*
8. *Dose reduction or interval increase can be safely done with all bDMARDs and tsDMARDs with little risk of flares; stopping is associated with high flare rates; most but not all patients can recapture their good state upon re-institution of the same bDMARD/tsDMARD, but before all this glucocorticoids must have been discontinued.*
9. *From a different or the same class.*



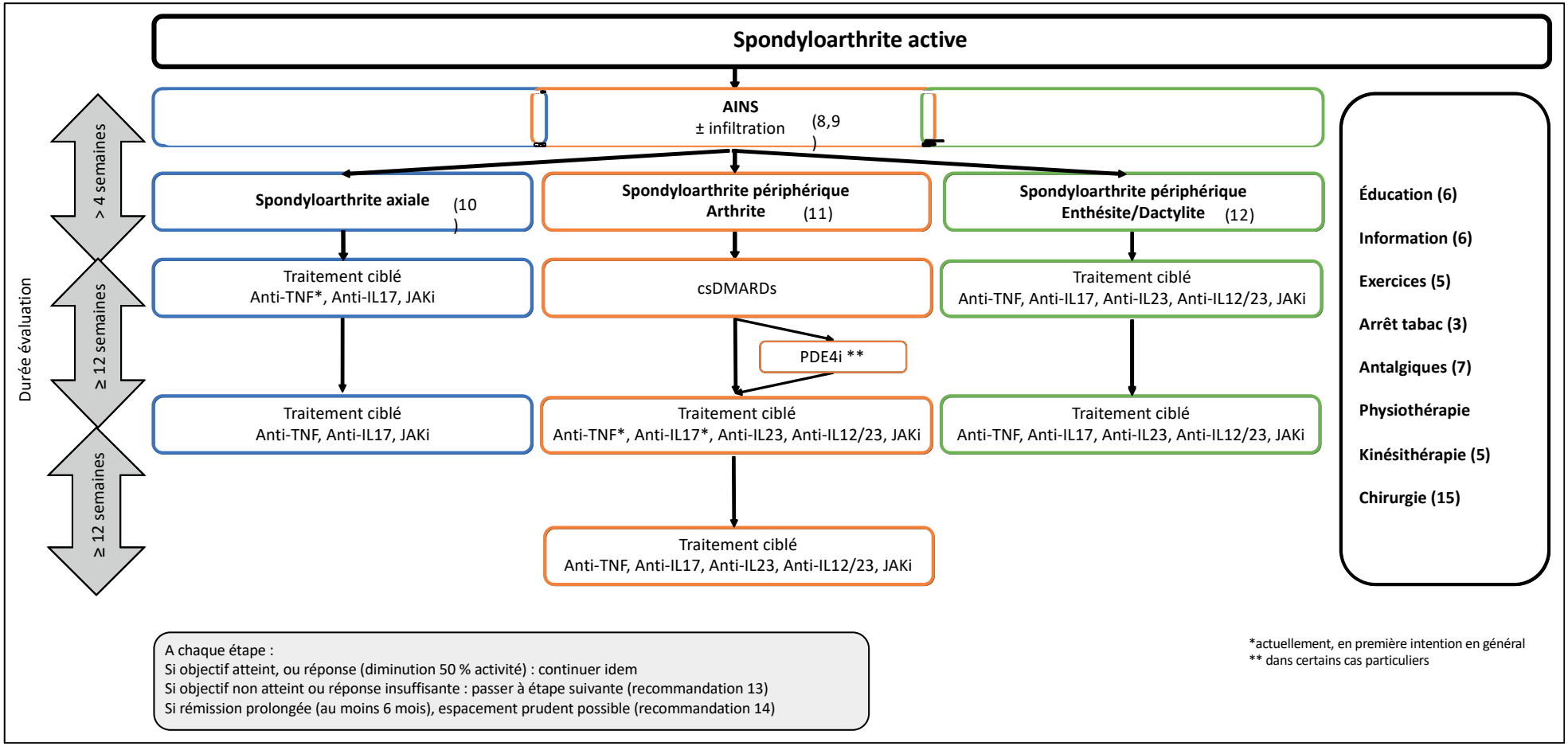
Smolen JS, *et al.* Ann Rheum Dis 2022;0:1–16. doi:10.1136/ard-2022-223356.

Spondyloarthropathies



AMCR

Recommandations SFR SpA[1] 2022



AMCR

[1]SpA : Spondylorthropathies

Traitements

	SpA	Uveite	Psoriasis	MICI
AINS	OUI	+/_, (locaux)	?	NON
Cortisone	Oui?	OUI	Oui (local)	OUI
sulfazalazine	OUI	OUI	+/_	OUI
methotrexate	oui	oui	OUI	OUI
leflunomide	+/-	?	oui	oui
Recepteur TNF	OUI	OUI	OUI	NON
Ac anti TNF	OUI	OUI	OUI	OUI

AMCR

AMCR

Merci de votre attention

ASSOCIATION MONÉGASQUE CONTRE LES RHUMATISMES