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UPDATE ON THE AMERICAN COLLEGE OF RHEUMATOLOGY/ SPONDYLOARTHRITIS RESEARCH AND TREATMENT NETWORK/SPONDYLITIS ASSOCIATION OF AMERICA AXIAL SPONDYLOARTHRITIS TREATMENT GUIDELINES PROJECT

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Abstract

The American College of Rheumatology, the Spondyloarthritis Research and Treatment Network, and the Spondylitis Association of America have begun collaborating on a project to develop treatment guidelines for axial spondyloarthritis. The project will use the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) method, which is based on systematic literature reviews and quantitative evidence summaries, to develop treatment recommendations for the use of pharmacological interventions, rehabilitation, surgery, preventive care, and disease monitoring in patients with ankylosing spondylitis and axial spondyloarthritis.

As part of their mission to educate members and promote quality care, medical professional societies often support the development of treatment guidelines. These guidelines serve as recommendations for approaches to treatment that should be considered for most patients with the disorder or condition, based on current best evidence. This best evidence is derived from a systematic review of the medical literature, and from expert opinion when the literature does not adequately address a particular clinical situation. The American College of Rheumatology (ACR) has current treatment guidelines available for six conditions, including rheumatoid arthritis, osteoarthritis, juvenile idiopathic arthritis, glucocorticoid-induced osteoporosis, gout, and lupus nephritis.

The present initiative to develop treatment guidelines for axial spondyloarthritis (SpA) including ankylosing spondylitis (AS) began in 2011 when the Spondyloarthritis Research and Treatment Network (SPARTAN), a collaborative of American rheumatologists with clinical and research interests in axial SpA, with support from the Spondylitis Association of America, a patient education and advocacy organization, responded to an open request from the ACR for new topics for treatment guidelines. After approval of the initiative from the ACR and Spondylitis Association of America boards in 2012, SPARTAN canvassed its members for their interest in participating in the guideline development project and established a core leadership group. The core leadership group designed the scope of the

project in early 2013, including the range of treatment topics to be addressed, developed the research questions, and appointed SPARTAN members and key content experts who are not SPARTAN members to the guideline development work groups.

SCOPE OF THE GUIDELINES

Useful treatment guidelines provide clinicians with practical recommendations on both the most commonly encountered treatment questions and the most difficult or controversial treatment questions. The emphasis is on developing specific, actionable recommendations that clinicians could readily apply in their practices. Therefore, the starting point for guideline development is identification of the most common or difficult patient scenarios. For example, this might be the patient with AS who has isolated active sacroiliitis despite treatment with nonsteroidal anti-inflammatory drugs, the patient with AS and recurrent iritis, or the patient with active AS who has contraindications to treatment with tumor necrosis factor-alpha inhibitors. In this way, the guidelines are patient-centered, with specific patient situations prompting the questions that the guidelines are to address, rather than being treatment-centered and listing situations in which a particular treatment should or should not be used. The guidelines are restricted to treatment questions, and do not address questions on approaches to diagnosis or screening.

Because the treatment of patients with AS and axial SpA extends beyond medications to include physical therapy and exercise, surgery, and preventive care, the scope of the treatment guideline questions was broad. We plan to address 15 questions related to pharmacological treatment in AS, 6 questions related to rehabilitation in AS, 2 questions related to surgery in AS, 4 questions related to disease monitoring, and 6 questions related to preventive care in AS. In addition, we plan to address 23 questions on these topics in special populations of patients, including those with iritis, inflammatory bowel disease, or axial SpA. We will examine axial SpA and AS separately because these conditions have separate literatures, and treatments that may have been well studied in one condition may not have been similarly studied or applicable in the other.

GUIDELINE DEVELOPMENT USING GRADE

The ACR has adopted the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) method for use in this guideline project (2). This method places the systematic literature review and grading of the evidence according to the principles of clinical epidemiology at the center of guideline development. The rationale is that treatment guidelines should have a clear and traceable link to the evidence that led to a recommendation either to use or not to use a particular treatment in a given clinical situation. The GRADE method, which was developed more than a decade ago, has been adopted for guideline development by many medical professional organizations and governmental agencies, including the World Health Organization and the United States Centers for Disease Control and Prevention.

The GRADE method details several steps in the development of treatment guidelines. First, the treatment question is developed, specifying the patient in question, the treatment under consideration, the alternative to the treatment, and the outcomes intended to be improved.

Then, a systematic literature review is done for these questions, and quantitative summaries of the impact of the treatment on the outcomes of interest are generated. Once the evidence is amassed, the quality of evidence is rated based on whether the sources were clinical trials or observational studies, and whether there were strengths or weaknesses and risk of bias in the primary studies. After a preliminary recommendation regarding the treatment is made, the evidence is reviewed by a separate panel, which formulates a final recommendation after integrating the results across all the relevant outcomes. These are based not only on the quality of the evidence, but are also modulated by the balance between benefit and harm of the treatment, and the consistency or variation in the preferences of patients for the benefits and risks of the treatment. Final guidelines are formulated to be either strongly for, conditionally for, conditionally against, or strongly against use of a treatment in a particular patient group.

NEXT STEPS

The AS/axial SpA guidelines are anticipated to be developed and disseminated by late 2014. Because new evidence is generated and new treatments become available over time, treatment guidelines should not be static, but should be periodically updated to incorporate new knowledge. Future updates of these guidelines may also expand the scope to include more topics.

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References

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