REBELLIOUS MEDIC · RHEUMATOLOGY ALGORITHM SERIES

Systemic Lupus Erythematosus — EULAR Management

Overarching principles and 13 recommendations covering hydroxychloroquine, glucocorticoid strategy, immunosuppressive escalation, organ-specific manifestations, lupus nephritis, and preventive care.

2023 EULAR Update
Recommendations for the Management of SLE
Fanouriakis et al. · Ann Rheum Dis
2024;83:15–29

GOR — A · Strongest Evidence | B | C | D · Expert Opinion | OAP · Overarching Principle

1 Overarching Principles

OAP — SLE requires **multidisciplinary, individualised** management with patient education and shared decision-making, considering costs to patient and society.

OAP — Assess **disease activity at each visit**; evaluate organ damage **at least annually** with validated instruments. Non-pharmacological measures (sun protection, smoking cessation, healthy diet, exercise, bone health) improve long-term outcomes.

OAP — Pharmacological choice is directed by organ involvement, treatment harms, comorbidities, and preferences. **Early diagnosis**, prompt treatment toward remission (or low disease activity), and strict adherence are essential to prevent flares and damage.

2 Hydroxychloroquine & Glucocorticoid Strategy

A (1b–2b) — **Rec 1: Hydroxychloroquine** recommended for all patients unless contraindicated, target dose 5 mg/kg real body weight/day, individualised for flare risk and retinal toxicity.

B (2a–3b) — **Rec 2: Glucocorticoids** dosed by organ severity, reduced to maintenance ≤5 mg/day (prednisone-equivalent) and withdrawn when possible; pulse IV methylprednisolone (125–1,000 mg/day × 1–3d) for moderate–severe disease.

3 Immunosuppressive/Biologic Escalation & Organ/Life-Threatening Disease

A (1a–2b) — **Rec 3:** Inadequate response to HCQ ± GC, or unable to taper GC — add immunomodulating/immunosuppressive agent (**methotrexate, azathioprine, or mycophenolate**) and/or biologic (**belimumab or anifrolumab**).

C (2b) — **Rec 4: Organ/life-threatening disease** — consider IV cyclophosphamide; **refractory cases** — rituximab may be considered.

4 Skin, Neuropsychiatric & Hematologic Manifestations

B (1a–4) — **Rec 5 — Active skin disease:** topical GC/calcineurin inhibitors, antimalarials (HCQ/chloroquine), and/or systemic GC as needed; **second-line** — methotrexate, mycophenolate, anifrolumab, or belimumab.

A (1b–2b) — **Rec 6 — Neuropsychiatric SLE:** GC + immunosuppressive agents for inflammatory manifestations; antiplatelet/anticoagulant therapy for atherothrombotic/aPL-related manifestations.

C (2b–4) — **Rec 7 — Severe autoimmune thrombocytopenia:** high-dose GC (± pulse IV methylprednisolone) ± IVIG, and/or rituximab, and/or high-dose IV cyclophosphamide; maintenance with rituximab, azathioprine, mycophenolate, or cyclosporine.

5 Lupus Nephritis

A (1a–1b) — **Rec 8:** Active proliferative LN — low-dose (EuroLupus) IV cyclophosphamide or mycophenolate + glucocorticoids; combination with **belimumab** or a **calcineurin inhibitor** (voclosporin/tacrolimus + mycophenolate) should be considered.

B (1a–2b) — **Rec 9:** After renal response, continue therapy **≥3 years**; maintain initial mycophenolate ± belimumab/CNI regimen; switch to azathioprine or mycophenolate if initially on cyclophosphamide.

A (1a) — **Rec 10:** High risk for renal failure (↓GFR, cellular crescents/fibrinoid necrosis, severe interstitial inflammation) — high-dose (NIH regimen) IV cyclophosphamide + pulse methylprednisolone can be considered.

6 Remission Tapering, Antiphospholipid Syndrome & Preventive Care

B (2a) — **Rec 11:** Sustained remission — consider gradual treatment taper, **withdrawing glucocorticoids first**.

B (1b–2a) — **Rec 12:** SLE with thrombotic APS — long-term vitamin K antagonist after first arterial/unprovoked venous event; low-dose aspirin considered for high-risk aPL profile without APS.

D (5) — **Rec 13:** Immunisations (zoster, HPV, influenza, COVID-19, pneumococcus), bone health, nephroprotection, cardiovascular risk management, and malignancy screening should be performed.

Format note: Grade of Recommendation (GoR): A = consistent level-1 studies → D = expert opinion/level-5 evidence (Oxford CEBM scale); LoA (level of agreement) was ≥9.2/10 for all statements. Condensed from Table 1.

Fanouriakis A, Kostopoulou M, Andersen J, et al. EULAR recommendations for the management of systemic lupus erythematosus: 2023 update. *Ann Rheum Dis.* 2024;83(1):15–29.