REBELLIOUS MEDIC · RHEUMATOLOGY ALGORITHM SERIES

Treatment of Rheumatoid Arthritis

DMARD-naive initiation, treat-to-target escalation, tapering, and special-population guidance condensed from >40 graded recommendations.

2021 ACR Guideline
Guideline for the Treatment of Rheumatoid Arthritis
Fraenkel L, et al. · Arthritis Care Res 2021;73:924–939

GRADE Strong Conditional *csDMARD/bDMARD/tsDMARD = conventional synthetic/biologic/targeted synthetic DMARD.*

1 DMARD-Naive — Moderate-to-High Activity

Strong	**MTX monotherapy** preferred over hydroxychloroquine, sulfasalazine, bDMARD/tsDMARD monotherapy, or MTX + non-TNFi bDMARD/tsDMARD.
Cond.	**MTX** preferred over leflunomide, dual/triple csDMARD, or MTX+TNFi combo.
Cond.	**MTX-naive on another csDMARD** — MTX monotherapy preferred over MTX + bDMARD/tsDMARD.

2 Low Activity & Glucocorticoid Use

Cond.	**Low disease activity, naive** — hydroxychloroquine preferred over other csDMARDs; sulfasalazine over MTX; MTX over leflunomide.
Cond.	**At initiation** — csDMARD without short-term (<3mo) glucocorticoids.
Strong	**At initiation** — csDMARD without longer-term (≥3mo) glucocorticoids.

3 Treat-to-Target & Escalation

TARGET & GOAL

Strong	**Treat-to-target** over usual care if bDMARD/tsDMARD-naive.
Cond.	**Treat-to-target** over usual care after inadequate bDMARD/tsDMARD response.
Cond.	**Initial goal** — low disease activity preferred over remission.

ESCALATION RULES

Cond.	Not at target on max MTX — add **bDMARD/tsDMARD** over triple therapy (SSZ+HCQ).
Cond.	Not at target on bDMARD/tsDMARD — **switch class** over same class.
Cond.	At target on GC — **add/switch DMARD** over continuing steroids, or over IA steroids alone if not at target.

4 Tapering DMARDs (at Target ≥6 Months)

Cond.	**Default** — continue all DMARDs at current dose over dose reduction.
Cond.	**If tapering** — dose reduction over gradual discontinuation; gradual over abrupt discontinuation.
Cond.	**On MTX + biologic** — gradually discontinue MTX preferentially, continuing the bDMARD/tsDMARD.

5 Special Populations — Nodules, Lung, Heart

NODULES & LUNG DISEASE

Cond.	**Subcutaneous nodules** — MTX preferred over alternatives; switch off MTX if progressive.
Cond.	**Mild/stable lung disease** — MTX preferred over alternatives, with counseling on pneumonitis risk.

NYHA III/IV HEART FAILURE

Cond.	**Non-TNFi** bDMARD/tsDMARD preferred over TNFi.
Cond.	**Switch off TNFi** if heart failure develops on it.

6 Special Populations — Hepatitis B & Lymphoma

HEPATITIS B

Strong	**HBcAb+ starting rituximab** — prophylactic antiviral over monitoring alone, regardless of HBsAg status.
Strong	**HBcAb+/HBsAg+ starting any bDMARD/tsDMARD** — prophylactic antiviral over monitoring.
Cond.	**HBcAb+/HBsAg− (non-rituximab)** — frequent monitoring alone preferred over prophylactic antiviral.

LYMPHOPROLIFERATIVE DISORDER

Cond.	**Prior lymphoproliferative disorder** — rituximab preferred over other DMARDs.

Fraenkel L, Bathon JM, England BR, et al. 2021 American College of Rheumatology Guideline for the Treatment of Rheumatoid Arthritis. *Arthritis Care Res.* 2021;73(7):924–939.