Baricitinib for the treatment of Rhupus Syndrome

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Objectives

To assess the effectiveness and safety of baricitinib in the treatment of Rhupus.

Methods

We conducted a retrospective observational review of medical records from the Rheumatology Department at our hospital between 2019 and 2023, identifying patients diagnosed with Rhupus, who received baricitinib. The diagnosis of Rhupus was assigned to patients who met the diagnostic criteria for both Rheumatoid Arthritis (RA) and Systemic Lupus Erythematosus (SLE). The study involves a comprehensive analysis of clinical outcomes and medication safety profiles for these patients.

Table 1. Evolution of activity parameters during treatment.

	0m	6m	final
NAD, median (IQR)	7,5 (2-10)	0 (0-8)	0,5 (0-6)
NAT, median (IQR)	3,5 (2-8)	0 (0-4)	0 (0-4)
DAS 28, median (IQR)	4,47 (3,36-5,78)	2,595 (1,47-4,8)	2,5 (1,61-4,4)
CRP, median (IQR), mg/dL	0,25 (0-2,8)	0,1 (0-1,28)	0,38 (0,02-1,28)
ESR, median (IQR), mm/h	14 (2-57)	12 (5-50)	15,5 (2-45)
VASp, median (IQR), mm	65 (50-90)	40 (10-80)	30 (0-80)
VASm, median (IQR), mm	60 (60-70)	30 (10-50)	25 (0-50)

Results

A total of **8 patients diagnosed with Rhupus** undergoing baricitinib treatment were included. 87.5% were female (median age of 60.5 years, and median follow-up of 12 years). The predominant clinical presentation was RA in 75% of the patients and SLE symptoms in 25%. All patients were ANA positive, while 75% had anti-citrullinated protein antibodies (ACPA) and 87.5% were rheumatoid factor (RF) positive.

At the initiation of baricitinib treatment, 62.5% were also taking methotrexate, 37.5% were on hydroxychloroquine, and the median dose of prednisone was 8.75 mg/day. The median duration of baricitinib treatment was 2.5 years. Data on the evolution of activity parameters during the treatment are presented in Table 1 and Image 1.

There were 3 reports of serious infections, 2 due to Herpes zoster infections, one of which required suspension of treatment.

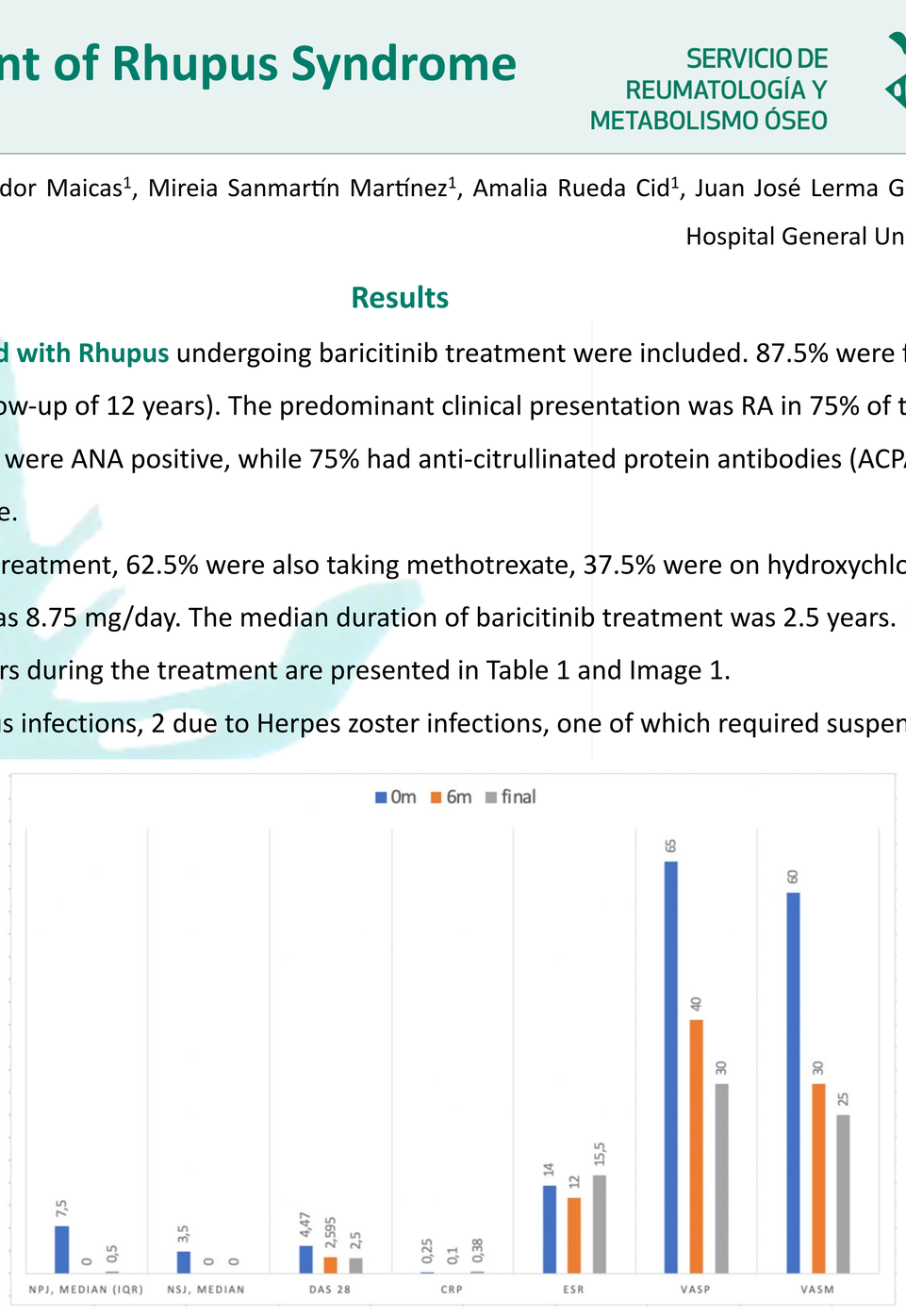

Figure 1. Comparative analysis of Rhupus activity parameters over time in patients treated with baricitinib.

Conclusions

Baricitinib, possibly in combination with other DMARDs, appears to be a promising option for the management of Rhupus, offering benefits in terms of reducing disease activity and improving patient quality of life. These preliminary findings warrant further investigation with larger sample sizes to confirm the efficacy and safety of baricitinib in Rhupus.

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