Medication Management for Patients on Rheumatologic Agents or Chronic Steroids

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KEYWORDS

- Perioperative medications • Perioperative management
- Disease-modifying antirheumatic drugs (DMARDs) • Rheumatoid arthritis
- TNF-inhibitors • Biologic agents • Corticosteroids • Adrenal insufficiency

HOSPITAL MEDICINE CLINICS CHECKLIST

1. The decision to temporarily discontinue rheumatologic medications perioperatively should be guided by type of surgery, risk of postoperative infection, risk of rheumatologic disease flare, and patient preference.
2. In general, nonbiologic disease-modifying antirheumatic drugs can be continued during the perioperative period.
3. Biologic agents should be held before surgery for a period of time that depends on the type of procedure and the pharmacokinetic properties of the medication.
4. Biologic agents can be restarted after surgery when there is adequate surgical wound healing and in the absence of infection.
5. Perioperative adrenal crisis is a rare but potentially life-threatening condition.
6. For patients with significant corticosteroid exposure based on dose and duration of therapy, perioperative stress-dose steroids are recommended.
7. Biochemical testing, such as the cosyntropin stimulation test, is not recommended to assess patients' risk of adrenal insufficiency before surgery.

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8. Dosing of stress steroids is less then historically given with a short taper seldom exceeding 2 days.
9. With appropriate dosing and duration, perioperative stress-dose steroids seem to be a low-risk intervention with minimal adverse effects.

PERIOPERATIVE MANAGEMENT OF RHEUMATOLOGIC AGENTS

What are the classes and common uses of rheumatologic medications?

Disease-modifying antirheumatic drugs (DMARDs) are considered first-line medications in the treatment of rheumatoid arthritis (RA).[1,2] In addition to RA, DMARDs are used in the treatment of a variety of inflammatory conditions, including inflammatory bowel diseases (IBDs) such as Crohn disease and ulcerative colitis (UC). DMARDs are also used for psoriasis, organ transplant, and malignancies. DMARDs are generally classified as nonbiologic or biologic agents. **Table 1** shows the classification and uses of DMARDs. **Table 2** shows the estimated half-lives and clinical dosing of nonbiologic and biologic DMARDs.

What are the risks of continuing antirheumatic treatment during the perioperative period?

Patients with RA may undergo several surgical procedures for management of RA-related complications, particularly total joint arthroplasty and cervical spine

Table 1
Classification and uses of DMARDs

Nonbiologic Agents	
Methotrexate	RA, psoriasis, various malignancies
Hydroxychloroquine	RA, SLE
Sulfasalazine	RA, UC
Leflunomide	RA
Azathioprine	RA, renal transplant, IBD
Cyclosporine	Organ (cardiac, renal, liver) transplant, RA, UC, psoriasis
Biologic Agents	
Anti-TNF agents	
Adalimumab	RA, IBD, psoriasis, psoriatic arthritis, ankylosing spondylitis
Etanercept	RA, psoriasis, psoriatic arthritis, ankylosing spondylitis
Infliximab	RA, IBD, psoriasis, psoriatic arthritis, ankylosing spondylitis
Certolizumab pegol	RA, Crohn, psoriatic arthritis, ankylosing spondylitis
Golimumab	RA, UC, psoriatic arthritis, ankylosing spondylitis
Non-TNF agents	
Abatacept	RA
Rituximab	RA, lymphomas, granulomatosis with polyangiitis, microscopic polyangiitis
Tocilizumab	RA

Abbreviations: SLE, systemic lupus erythematosus; TNF, tumor necrosis factor.

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