Therapy in Myositis
Financial Disclosures: None

Other:
Almost all drugs used in Myositis are not approved for such use by FDA
Therapy in Myositis

- Non-pharmacological
- Drug therapy
Non-pharmacological Therapy

- Rest/Exercise balance
- Diet
  - Heart healthy diet
- Stress management
Non-pharmacological Therapy

- Work with your physicians to manage your disease associated risk
  - Cancer screening
  - Vaccination
  - Bone health
  - Cardiovascular risk
Therapeutic regimens for Myositis

- Corticosteroids
- Immunosuppressive agents
- Combination regimens
- IVIg
- Biologic agents
- Promising horizon
Corticosteroids in Myositis

- The initial treatment of choice.
- The dose varies 40-60 mg daily, single or divided dose.
- Once the serum CK falls to normal, the dose is consolidated to single morning dose.
- Then, the dose is tapered by 25% every 4 weeks until patient is on 20 mg, slower until patient on 5-10 mg daily maintenance dose. Every other day dosing is preferable
- This maintenance dose can be continued until active disease is in remission for one year.
Corticosteroids in Myositis

- **Acathar:**
  - Approved for use by the FDA
  - Data is limited regarding its efficacy
Immunosuppressive Regimens

- Methotrexate
- Azathioprine
- Cyclosporine
- Tacrolimus
- Mycophenolate mofetil
- Cyclophosphamide
IVIg in Myositis

- There is good evidence for its efficacy in DM
  - Significant side effects are rare
  - Cost

- Indications
  - JDM
  - GI involvement (proximal dysphagia)
  - “acute” complications/worsening
  - Severe rash
  - In the setting of infection

Dalakas, NEJM, 1993
Biologic Agents

- Anti-TNF agents
  - Anecdotal reports of efficacy of etanercept and infliximab
  - Larger studies less promising
Biologic Agents

- Anti-TNF agents

- Monoclonal anti-B cell agents
  - Rituximab in the Treatment of Refractory Adult and Juvenile Dermatomyositis (DM) and Adult Polymyositis (PM): While the study did not reach its target outcomes there were positive trends
Biologic Agents

- Anti-TNF agents
- Monoclonal anti-B cell agents
- Anti-IFN (Type I)
  - Down-regulation of Type 1 IFN Genes Correlate with Improvement in DM
  - Promising early data with Sifalimumab
Combination Therapy in Myositis

- MTX and AZA Used often in refractory PM and DM
  - Beneficial in those who had failed either mtx or azathioprine alone
- MTX is used in combination with many of the biologics with improved efficacy
Treatment of IBM

- Corticosteroids and Immunosuppressive medication are often infective
- Many drugs are in clinical trials
  - Lithium
  - Arimoclool
  - Follistatin
Treatment of ILD in Myositis Patients

- Corticosteroids is the initial treatment
- Cyclophosphamide and azathioprine are frequently used
- Mycophenolate, Tacrolimus or Cyclosporine A are also used