



Improving People's Lives  
Through Innovations in  
Personalized Health Care



# Therapy in Myositis



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Financial Disclosures: None

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



THE OHIO STATE UNIVERSITY  
WEXNER MEDICAL CENTER

# 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 ineffective
- Many drugs are in clinical trials
  - Lithium
  - Arimoclomol
  - 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



Thank you