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Connective Tissue Disorders Update 2025: Dr. Vleugels

Dr. Ruth Ann Vleugels:

Hi, I am Ruth Ann Vleugels, and I was very fortunate to give the connective tissue disease update at Maui Dermatology. I want to review a few of the key points that we learned in this presentation. First, I want you to know about a medicine called anifrolumab. It's a type 1 interferon blocker that was approved a few years ago for systemic lupus, and interestingly, it's shown incredible efficacy for cutaneous lupus. And thankfully, we now have an ongoing randomized phase 3 global study for anifrolumab in cutaneous lupus specifically. If you have patients with refractory skin disease, the dose is 300 mg intravenously once a month, and patients often have a response as early as after one or two doses.

We also learned that IVIG, or intravenous immunoglobulin, is now FDA-approved for dermatomyositis. So even though we've known this medicine has worked for this disease since the 1970s, now it's actually relatively simple to get insurance approval for. So, if you have patients with refractory dermatomyositis skin disease, I want to make sure you think about intravenous immunoglobulin, as it can really profoundly impact those patients' quality of life.

We also learned about the use of JAK inhibitors in dermatology. Of course, we can consider our on-label indications. First, I want to remind you that I like to think of JAK inhibitors as truly standard of care in our alopecia areata patients who want treatment. JAK inhibitors are also highly effective in atopic dermatitis, both in reducing rash but also itch. And then, of course, we have deucravacitinib, a TYK2 inhibitor, that is our most effective oral therapy for psoriasis. We also spent a lot of the lecture focusing on off-label use of JAK inhibitors in the dermatology-rheumatology sphere, particularly because we know these agents are effective for both skin and joint disease. I hope you enjoyed the high points of this lecture, and hope to see you at another meeting soon.