

EULAR 2014

By Philip A. Baer, MDCM, FRCPC, FACR

The weather in Paris for the European League Against Rheumatism (EULAR) 2014 meeting was no mystery as I had been watching the French Open tennis daily for two weeks before leaving. It was wonderful to see two Canadians, Eugenie Bouchard and Milos Raonic, reach the semifinals and quarterfinals respectively. I thought I was arriving early for the Wednesday start to the conference by flying out on Sunday; with a bit more foresight, I could have left earlier and perhaps seen the French Open finals live.

Six years had elapsed since the last EULAR conference in Paris in 2008, which I attended with my wife. The conference was excellent, but our lasting memory was of the entire plumbing system of the conference centre failing in the middle of the meeting. Fortunately, we had booked a small hotel within walking distance, so we were not as inconvenienced as some other attendees.

While plumbing troubles were not anticipated, the conference organizers did send an email just before I left indicating that Paris was expecting train and taxi strikes during the conference. Always nice to be forewarned, I suppose. Once again, I had reserved a hotel within a reasonable walk of the conference. For the first time that I recall, the EULAR organizers also provided complimentary bus transportation tickets between the airport and the city centre. I ended up having only a 100 metre walk from bus to hotel on arrival, and the same in reverse on departure. The taxi and train strikes occurred but posed little inconvenience.

This year's meeting was the 15th annual EULAR Congress and also marked the 40th anniversary of my first visit to Paris, the world's most visited city. Almost 14,000 scientists, physicians, allied health professionals, and patients were expected to be in attendance from 130 countries. Over the course of the congress, there were 302 oral and 1,806 poster abstract presentations, 155 sessions, 725 lectures, 33 poster tours, and 421 invited speakers. Exhausting!

Canada was well represented in both attendees and presenters. Dr. Carter Thorne presented a symposium session on the benefits of subcutaneous (SC) methotrexate (MTX) and interprofessional health care teams for patients with rheumatoid arthritis (RA). Dr. Mary-Ann Fitzcharles gave

an excellent review of cannabinoids in rheumatic diseases; the 2014 Summer issue of the *CRAJ* featured a similar article. Dr. Paul Emery's closing clinical highlights session featured Canadian research on the links between systemic lupus erythematosus (SLE) and chronic obstructive pulmonary disorder (COPD),¹ and between Sjögren's and myocardial infarction (MI),² both from the Arthritis Research Centre of Canada (ARC). In fact, Dr. Emery's first selected paper was also Canadian, a study of factors predicting successful withdrawal of immunosuppression in SLE, from the Lupus Clinic at the University of Toronto.³

Smoking and its negative impact on rheumatic diseases was a topic of several EULAR presentations. Increase in RA incidence in smokers related to interaction with the shared epitope is well-known, but more evidence is accumulating on the lowered response to both disease-modifying antirheumatic drug (DMARD) and biologic therapies in smokers, and the negative cardiovascular consequences in patients who already are at high risk related to both inflammation and traditional risk factors. Data from the cleverly-named NINJA registry was typical.⁴ Similar findings were reported in studies from Japan, Ontario, Denmark, and Sweden, and in disease states including RA, psoriatic arthritis (PsA), and ankylosing spondylitis (AS).⁵⁻⁸ Interesting data was also presented at the "How to Treat" session on comorbidities by Dr. Will Dixon from the UK. He quoted the QUEST-RA study in which 35% of RA patients who are smokers were not told to stop smoking by their rheumatologist. Further analysis showed that rheumatologists who smoke rarely provided smoking cessation advice to their patients. Watch for an upcoming Top Ten feature in the *CRAJ* from a Canadian expert on smoking cessation.

None of this seems to have entered the wider Parisian consciousness, judging from the number of smokers I saw while out walking. Statistics from the 2012 DataBlog of *The Guardian* newspaper indicate that 35.6% of men and 27.4% of women in France were smoking any tobacco product in 2009, with 34.6% of health professionals smoking. In Canada, 23.8% of men and 16.8% of women were smoking any tobacco product in 2009. Only 6% of health professionals smoke.⁹

Speaking of vices, the other one highlighted was alcohol consumption, but not in the way one might think. At the session on “Analgesics for rheumatic diseases: re-thinking old drugs”, the topic was “Association Between Alcohol Consumption And Chronic Widespread Pain (CWP)” from the MUSICIAN Study Team at the University of Aberdeen.¹⁰ Moderate alcohol consumption, up to 35 units/week in men and 20 units/week in women, was associated with lower CWP prevalence, and strongly associated with lower levels of disability in those with CWP. A potential biological mechanism is alcohol's agonist effects on the neurotransmitter gamma-aminobutyric acid (GABA). A lot of pain-preventing behaviour was going on in Paris, by residents and EULAR attendees alike.

I really enjoyed participating in a human Likert scale demonstration, also at Dr. Dixon's session. He asked the audience whether the cardiovascular benefit of statins outweighed the cardiovascular risks of non-steroidal anti-inflammatory drugs (NSAIDs) in patients with RA. His slide showed a semicircle with neutral at the top, greater benefit for statins to the left, and greater risk for NSAIDs to the right. To vote, we all stood up and extended our arms either straight up, to the left, or to the right to indicate our choice; think of the motions associated with the song “YMCA” by Village People. The correct answer was that NSAIDs had five times the risk compared to the benefit of statins.

Other Paris highlights: a free walking tour I took from Notre Dame to the Eiffel Tower with wegowalking.com, visiting the Pont des Arts just after a section had collapsed from the weight of padlocks left by lovers, the terrific Paris Metro system, seeing Paris so clean (attributed to the visit of Queen Elizabeth just before EULAR for the 70th anniversary of D-day), and escaping my one meeting with potential pickpockets. Trilingual pickpocket warnings were a staple of Metro travel, and the subject of electronic ads at the Palais de Congres. I encountered the petition-wielding teenagers, but not the “lost” gold ring or baby-dropping diversions which are also to be avoided.



EULAR 2014: An electrifying experience.

Other EULAR highlights: Dr. Martin Boers' session on improving graphs and tables in presentations and publications. In addition, I noted a new series entitled “The Young Rheumatologist”. Clearly this wasn't intended for me, but more youthful CRA members may be drawn to explore it further. Topics included basic epidemiology and immunology explained, career development, e-health, learning from exchange visits and educational research projects, funding of research, and marketing rheumatology.

EULAR 2014 was the typical blend of great science, food and wine, and tourism. Think now of joining your Canadian rheumatology colleagues at EULAR 2015 in Rome, the Eternal City, next June.

References

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