

## Short Communication

# Importance of worldwide research of the patients with dermatomyositis/ polymyositis

Dear Editor,

We know that idiopathic inflammatory myopathies (IIM) are heterogeneous disorders that affect skeletal muscles. The main subgroups of IIM are polymyositis and dermatomyositis.<sup>1</sup> The epidemiology of IIM has been challenging to determine due to the multiple classifications for diagnosis. However, the latest data report incidence rates of 2.47 to 7.8 per 100,000 individuals per year and prevalence rates of 9.54 to 32.74 per 100,000 adults in the United States.<sup>2</sup> In Colombia, there is an estimated overall prevalence of 25.7 cases per 100,000 inhabitants, with 15.1 cases per 100,000 inhabitants for dermatomyositis and 7.3 cases per 100,000 inhabitants for polymyositis.<sup>3</sup>

Although not a prevalent condition, according to the Ministry of Health of Colombia, autoimmune diseases, including dermatomyositis (DM) and polymyositis (PM), are the eighth leading cause of mortality in the country.<sup>4</sup> Currently, the most common treatment in most of the population involves glucocorticoids and immunomodulators. However, there remains a high rate of morbidity and mortality, and there are no national studies utilizing combination therapies.<sup>5</sup>

In our country, there is scarcity of research on the appropriate pharmacological management for PM/DM. Nevertheless, we follow international protocols that suggest corticosteroids as the first-line treatment and, if necessary, combine them with azathioprine,

mycophenolate, or methotrexate to reduce steroid dependency. Additionally, second-line options include intravenous immunoglobulin, and as a last resort, a cycle with rituximab, cyclosporine, cyclophosphamide, or tacrolimus.<sup>6</sup>

Newly published studies indicate that the combined use of tacrolimus and glucocorticoids could improve overall survival rates and pulmonary function, showing safety results similar to conventional therapy.<sup>7</sup>

Therefore, we consider it of vital importance to conduct and validate studies worldwide to gather real epidemiological data on these diseases, particularly in Latin America and Colombia. Obtaining updated and accurate information will allow us to propose the creation of new protocols with a solid justification for studying innovative pharmacological therapies.

Likewise, it is relevant to carry out a detailed sociodemographic characterization to evaluate not only the positive impact on PM/DM management but also to assess short and long-term side effects, effective and safe dosing, and to promote research in our country.

Furthermore, we suggest, for future investigations, conducting a detailed subgroup analysis based on therapy or conventional drug category and analyzing different disease phenotypes. This would enable a better understanding of the effectiveness of pharmacological therapy in different clinical situations.

## References

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