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## Canadian Rheumatology Association position statement on PDE5 inhibitors for the treatment of severe Raynaud's Phenomenon

Patients with autoimmune diseases such as systemic sclerosis (scleroderma) often have severe Raynaud's phenomenon (RP) which may or may not be associated with digital ulcers. There are other diseases that may have severe RP as a manifestation such as but not limited to: systemic lupus erythematosus (SLE), Sjogren's disease, inflammatory myositis, vasculitis, inflammatory arthritis, and thromboangiitis obliterans.

Once patients have failed calcium channel blockers or have severe digit-threatening RP, their treatment options are limited. There is a positive Cochrane review of randomized studies in RP with phosphodiesterase 5 (PDE5) inhibitors (1). Although there are both negative and positive RCTs of PDE5 inhibitors in severe RP, the bulk of the data is positive. Guidelines have recommended the use of PDE5 inhibitors for severe or complicated RP (2). Although no RCTs have been done on severe secondary RP in children, PDE5i can be considered after failure of CCBs or other standard of care.

The CRA recommends that patients with manifestations of severe RP and/or RP complicated by ulcers, or severe ischemia should be offered PDE5 inhibitors, and that these should be reimbursed by private and public payers.

### References

1 Maltez N, Maxwell L, Rirash F, Tanjong Ghogomu E, et al. PDE5 inhibitors in the treatment of Raynaud's Phenomenon. Cochrane Review 2023 in press.

2 Kowal-Bielecka O, Fransen J, Avouac J, Becker M, et al. Update of EULAR recommendations for the treatment of systemic sclerosis. Ann Rheum Dis 2017 Aug;76(8):1327-1339.