American College of Rheumatology (ACR) Guideline for Physical, Psychosocial, Mind-body, and Nutritional Interventions for RA: An Integrative Approach to Treatment

Core Leadership Team Response to Public Comments on Project Plan
February 2022

We were delighted to hear of the substantial interest from the community for this project, including the community's recognition of the value of the guideline to facilitate meaningful patient and clinician interactions.

We appreciate the comments regarding the importance of payer/insurance coverage and the disparities in access to therapies. Cost is a consideration in the guideline development process, and it is our hope that this guideline may facilitate advocacy for evidence-based therapies for persons with RA.

Several specific modalities and interventions were suggested. Most of these suggested interventions are subsumed under broader intervention categories. While we intended to include as many relevant specific interventions as possible based on the literature review, we acknowledge that an exhaustive inclusion of all possible specific interventions is not feasible as part of this guideline.

It was recommended to evaluate and include not only in-person modalities, but those delivered by other modes of care. We do intend to include interventions delivered by other modes (e.g., telehealth), though direct comparisons of interventions based on all possible routes of delivery is likely beyond the scope of this guideline.

A number of additional interventions were suggested to be covered in the guideline, such as periodontal disease, smoking exposures at different time points in life, cannabidiol use, and sleep deprivation/disturbance. We recognize the interest in these topics based on either their roles as risk factors for RA and/or the frequency they are discussed in routine practice. However, these were not included because of one or more of the following: 1) related interventions were already included in the project plan; 2) interventions required diagnosis and/or administration of therapy by a specialty not routinely providing care to RA patients; 3) insurmountable heterogeneity in interventions; or 4) interventions were better suited for inclusion in pharmacologic guidelines for RA.

Several community members suggested involving additional rheumatologists with expertise in integrative medicine. In response, we have added three additional members to the voting panel who have completed training in rheumatology and integrative medicine.

We appreciate the suggestion to consider an alternative process to evaluate the data for this guideline. The ACR follows the GRADE approach for synthesizing and rating the certainty of evidence. The certainty of evidence is provided to the voting panelists, who consider the

evidence in the context of their clinical experience and expertise as well as patient values and preferences when voting on direction and strength of the recommendations.

A concern was raised regarding evaluation of interventions that may not be delivered in a standardized fashion or may be part of a therapy composed of multiple interventions. We also anticipate such difficulties, and we will consider key aspects of delivery/administration as effect modifiers during the generation of the evidence report, when feasible.

It was suggested to include patient characteristics (e.g., comorbidities) as potential effect modifiers for different interventions. While we agree that tailoring interventions to individual patients is important, the guideline process is aimed at synthesizing and evaluating the body of evidence for the general patient. Ultimately, clinicians must consider individual patient characteristics when applying the guideline to each of their patients in routine care.

We appreciate the recommendations on patient involvement in the guideline and agree that it is important. Patients are involved in the ACR guideline development process, including scoping, evaluation of the evidence summaries and providing feedback on drafted recommendation statements during a separate patient panel meeting, participation as full members of the voting panel, and drafting and approving the guideline document. To ensure explicit patient engagement in the voting process, the patients on the voting panel are specifically asked to provide the patient panel's perspective on each PICO/drafted recommendation statement before beginning the voting for that PICO/recommendation.