



for the non-
pharmacological
management of
Systemic Lupus
Erythematosus (SLE)
and
Systemic Sclerosis
(SSc)

WHAT IS ALREADY KNOWN ABOUT THIS SUBJECT?

⇒ Non-pharmacological management of systemic lupus erythematosus (SLE) and systemic sclerosis (SSc) is helpful but unstandardised and often underused in current clinical practice.

WHAT DOES THIS STUDY ADD?

- ⇒ We developed recommendations to provide guidance for non-pharmacological management of people living with SLE and SSc.
- ⇒ In this work, we present evidence to support common and disease-specific non-pharmacological interventions for SLE and SSc.
- ⇒ We generated a research agenda as well as an educational agenda to support non-pharmacological management of people with SLE and SSc.

HOW MIGHT THIS IMPACT ON CLINICAL PRACTICE?

⇒ These recommendations will provide guidance on non-pharmacological interventions in the management of SLE and SSc in clinical practice and promote their use alongside pharmacotherapy to improve the overall quality of care.

Overarching principles

	LoE	SoR	LoA		
			Mean	SD	Range
Overarching principles					
1. Non-pharmacological management of SLE and SSc should be tailored to patients' needs, expectations and preferences and be based on a shared-decision making.	NA	NA	9.7	0.8	7–10
2. Non-pharmacological management of SLE and SSc may comprise one or more interventions.	NA	NA	9.7	0.5	8–10
3. Non-pharmacological management of SLE and SSc may be provided alone or as an adjunct to pharmaceutical treatment.	NA	NA	9.4	1.1	6–10
4. Non-pharmacological management of SLE and SSc should not substitute for pharmaceutical treatment when the latter is required.	NA	NA	9.6	0.8	7–10

Recommendations for non-pharmacological management of SLE and SSc

	LoE	SoR	LoA		
			Mean	SD	Range
Recommendations for the non-pharmacological management of SLE and SSc					
1. Non-pharmacological management should be directed toward improving health-related quality of life in people with SLE (LoE: 1–3) and SSc (LoE: 2–4).	1–4	C	9.4	1.1	6–10
2. People with SLE and SSc should be offered patient education and self-management support (LoE: 2–4).	2–4	C	9.7	0.7	7–10
3. In people with SLE (LoE: 3) and SSc (LoE: 4), smoking habits should be assessed, and cessation strategies should be implemented.	3–4	B/C	9.4	1.1	6–10
4. In people with SLE (LoE: 5) and SSc (LoE: 4), avoidance of cold exposure should be considered for the prevention of Raynaud’s phenomenon. In people with SSc, this is of particular importance for the mitigation of severe Raynaud’s phenomenon (LoE: 4).	4–5	C/D	9.4	0.9	7–10
5. Physical exercise should be considered for people with SLE (LoE: 1–3) and SSc (LoE: 2–4).	1–4	C	9.6	0.7	8–10

Recommendations for non-pharmacological management of SLE

	LoE	SoR	LoA		
			Mean	SD	Range
Recommendations for the non-pharmacological management of SLE					
1. In people with SLE, patient education and self-management support should be considered for improving physical exercise outcomes (LoE: 2) and HRQoL (LoE: 2–4), and could be considered for enhancing self-efficacy (LoE: 3).	2–4	C	9.4	0.9	8–10
2. In people with SLE, photoprotection should be advised for the prevention of flares (LoE: 4).	4	C	9.2	1.0	7–10
3. In people with SLE, psychosocial interventions should be considered for improving health-related quality of life (LoE: 1–2), anxiety (LoE: 1) and depressive symptoms (LoE: 1).	1–2	B	9.2	1.2	6–10
4. In people with SLE, aerobic exercise should be considered for increasing aerobic capacity (LoE: 1), and for reducing fatigue (LoE: 1–3) and depressive symptoms (LoE: 3).	1–3	B	9.2	1.4	4–10

Recommendations for non-pharmacological management of SSc

	LoE	SoR	LoA		
			Mean	SD	Range
Recommendations for the non-pharmacological management of SSc					
1. In people with SSc, patient education and self-management support should be considered for improving hand function (LoE: 2–4), mouth-related outcomes (LoE: 2), HRQoL (LoE: 2–4) and ability to perform daily activities (LoE: 2–3).	2–4	C	9.4	0.9	7–10
2. In people with SSc, orofacial, hand, and aerobic and resistance exercise should be considered for improving microstomia (LoE: 2–4), hand function (LoE: 2–4) and physical capacity (LoE: 2–4), respectively.	2–4	C	9.3	0.9	7–10
3. In people with SSc and puffy hands, manual lymph drainage could be considered for improving hand function (LoE: 2).	2	B	8.4	1.9	3–10