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Comment on the article "Tofacitinib in the treatment of patients with rheumatoid arthritis: position statement of experts of the Polish Society for Rheumatology"

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Thank you very much to the authors for the interesting article on the use of tofacitinib in the treatment of rheumatoid arthritis (RA). Extensive team work is in my opinion the best way to present current knowledge about the new drug [1]. In fact, there is an ongoing discussion about a new group of drugs in rheumatology: oral small molecule inhibitors.

This group of drugs is not only another therapeutic option; their introduction opens a new chapter in the history of rheumatology, which is a bridge between conventional disease-modifying anti-rheumatic drugs (DMARDs) and a constantly growing spectrum of biological DMARDs. In the article experts present many aspects related to the unique mechanism of action of the new small molecule DMARDs, but also discuss the principles of treatment of RA. The efficacy and safety profile of these drugs is also an important topic raised in the article.

The presented opinion seems to be an indispensable compendium of knowledge useful not only as a theoretical background, but also as practical guidelines for the use of a new, innovative therapeutic line, applicable to the treatment of RA as well as many other rheumatic diseases.

It seems, however, that it is necessary to pay attention to the possibility of transfer of use of these drugs in pediatric rheumatology [2]. Treatment of juvenile idiopathic arthritis (JIA) with small molecule DMARDs fulfills many of the postulates of pediatricians and rheumatologists. The drug administered in the form of tablets or syrup may become an ideal therapeutic option for children of all ages, especially for the youngest [3].

What is important, although the problem of "needle phobia" is disappearing, unfortunately, recently more often it is observed in the youngest group of our patients. The problem of "needle phobia" should not be downplayed, because it leads to a reduction of treatment compliance, i.e. it leads to the avoidance of taking drugs systematically – both synthetic DMARDs and biological drugs given subcutaneously.

Janus kinase inhibitors in oral and topical formulations have shown beneficial results in treatment of psoriasis and alopecia areata. Previous publications on the use of small-molecule/targeted DMARDs in children in JIA, but also in other systemic connective tissue diseases, in children bring hope that these drugs with very high effectiveness and a high safety profile may expand the possibilities of treatment also in the pediatric population of patients [2–6].

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