Biologics vs JAK Inhibitors: The 2026 Safety Update Every Patient Needs Transcript

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Introduction to the 2026 JAK Inhibitor Update

The treatment guidelines for rheumatoid arthritis has just changed in 2026 and if you have taken Jack inhibitor, pills like Gelzan, Renvoque or Lumiant or your doctor had mentioned about one of those pills, You need to hear this because the newest safety data answered some of the biggest questions patients have been asking for years.

Are these pills safe? Are they safer than the shots? And who should probably avoid these medications? I'm Dr. Nathasubedi, your rheumatoid arthritis coach at The Room Doc as well as a practicing rheumeatologist here at Empower Arthritis in Cary, North Carolina.

By the end of this video, you will know exactly what the 2025 guideline update tells us about how do we best use the JAK inhibitors in treatment of rheuma arthritis.

And at the and I'll give you three important questions you need to ask your doctor at your next appointment if they mention about JAC inhibitor. Before I go further, my marketing team told me that up to 90% of you who are watching this video have not subscribed to our channel.

Please subscribe to help other rheumatoid arthritis patients who also are in confusion.

Biologics vs JAK Inhibitors

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When your rheumatologists say you need more than methotrexate, there are two main paths we have in managing rheuma arthritis. The number one, biologics.

And the next one are Jack inhibitors. Biologic are injections. They work by blocking specific proteins in your immune system, such as TNF, IL-6, or other pathways such as B-cell blockage or T- cell blockade.

Names you might recognize such are Adalumimab, brand name Himira or Ethanercept, Tocilizumab and Abatacept, those are the biologics. Most are given as a shot or IV infusion.

On the other side, Jack inhibitors are pills you can take daily. Instead of targeting one specific protein outside your cell, they go inside the cell and block a family of protein called Jack Inhibitors.

Those are the internal messaging systems your immune system uses to cause inflammation. The main ones that are approved include Tophacetamib or GelZans, RINVOKE and there are a few others.

New Safety Findings and Main Risks

For a long time, appeal of Jack inhibitors was obvious they are pills no shots needed easier to take and no needles problem and they also work fast too but starting around 2021 2022 safety signal started appearing and both the FDA and some of the rheumatology guidelines take notice of those warnings in 2025 The European League Against Rheumatism, also called ULR, published the most comprehensive safety review ever done on rheumatoid arthritis medications.

It was a systematic literature review, which means a researcher analyzed hundreds of individual studies to find the

clearest and most reliable picture of what this drug actually do.

And let me highlight three important headline from those findings. Number one, Jack inhibitors increase the risk of singles which is one of the skin infection that cause skin rashes and also called chickenpox.

Number two, jack inhibitor are associated with higher blood clot risk compared to biologics specifically blood clots in your lungs which we call pulmonary embolism.

And number three, The risk of heart disease or heart attack and strokes, what doctors call MACE, M-A-C-E, is not consistently higher with jack-o'-lanterns compared to biologics overall.

The third point is very important.

Shingles Risk and Vaccination

because for many years a lot of patients heard jack inhibitors can cause heart attacks and it drew a straight line from that to jacked inhibitor are dangerous but the truth is more nuanced and I want to walk you through each of these risks so you actually understand what they mean for you.

Let's start with the first risk. The risk number one, singles. Singles is caused by the varicella zoster virus, the same virus responsible for chickenpox.

If you had chicken pox as a kid, The virus is still living quietly in your nerve cells. Your immune system keeps it under control. When you take a medication like jack-o-mitters, it blunts the immune response broadly, including the antiviral arm of your immune system.

That means the virus can reactivate and you get the infection. The ULR review that I mentioned earlier confirmed this very clearly. JAK inhibitors carry a higher singles risk than other biologics.

Here is the most important thing I'll say in this section. Get your Singrix vaccine. Singrex is the two-dose singles vaccine, it is a recombinant vaccine that means it's not a live vaccine so it safe even if you are taking Jack inhibitors or any other biologics.

If possible, get it before you start. It becomes more effective. If you are already on a biologic and you have not been vaccinated, talk with your doctor next week when you see your Doctor.

Blood Clot Risk and Who Is Higher Risk

Ask them if you can get the Syngrex vaccine. And this is our classic checkups piece in our NESCAR framework. A simple action that can prevent a painful, sometimes serious complication due to the infection.

The risk number two, blood clots. Blood clots that form in the veins we call DVT or they can also form your lungs we called pulmonary embolism. The 2025 ULR review found that JAK inhibitors are associated with higher risk of blood clot than the biologics.

and the signal was driven primarily by the pulmonary embolism, the blood clot in your lungs. This risk is not equal across all the ZAK inhibitors. The data is strongest for Tofacetinib or Gelzan at the higher dose.

Newer, more selective Zak inhibitor are at lower risk. So check with your doctor which ZAQ you are on and your risk of these blood clots. But the most important word here is the risk factors.

If you are over the age of 65, have a history of blood clots and have obesity or other risk factor for blood clot, your individual risk of a blood cut is much much higher with Jack inhibitors.

and your rheumatologist should be discussing this personal risk with you so that you have an informed decision to

do when you are going on those medications.

Now the risk number three, the heart attack and the strokes. This is the one that got the most attention and understandably so.

Heart Attack and Stroke Risk in Context

Back in 2022, the Oral Surveillance Trial, a large randomized trial comparing Tophacitinib to TNF inhibitors in patients over the age of 50 with additional cardiovascular risk factor, found that Trophacinab or Gelzan user had higher rates of heart attack, stroke and blood clots, and even certain cancers.

But the challenge is that trial was specifically in older patients who already had elevated risk of heart attacks. That is critical detail that often got lost in the headlines.

So let me reiterate. Those risk was higher in people who are already at higher risk for heart attack. It may not apply to you. You need to ask your rheumatologist what is your individual risk before discussing about Jack inhibitors.

So going back to the 2025 EULA review, they did not find that the risk of cardiovascular risk was uniformly high in all the zaconimeters versus the biologic.

So it was one of those that has changed after that literature review. Now you might be asking, what does that mean in plain language? Let me make it simple.

Jack inhibitors don't appear to globally cause more heart attacks than biologics when we look at the full picture. But, and this is a significant but, in certain high-risk patients, particularly older patients with cardiovascular risk factors, the concern raised by oral surveillance study still is real and still guides clinical decision-making.

So talk to your rheumatologist to understand what is your risk so that you can decide whether Jack inhibitors might be good for you or not. That's why, let me clarify the question on who should be more cautious.

Who Should Be Cautious With JAK Inhibitors

Based on the current evidence and guideline, these are the patients who would be very careful and you should have an in-depth conversation before starting Jack Inhibitors.

So let's me highlight those. Number one, age more than 65 or older. History of blood clots such as DVT or blood clotting in your lungs. High cardiovascular risk that includes prior history of heart attack, stroke and uncontrolled diabetes and smokers.

History cancer in the past. And number five, active, recurrent and serious infection. So those are the five main patients who might be at higher risk and Jack inhibitors may not be the best option.

Now, the next question might come up. Who may be a good candidate for Jack Inhibitors? Now let me be very clear here. Jack inhibitors are excellent medication for the right patient.

They can work when biologics have failed, they work fast, and for patients who cannot take other medication. These are the five important good candidates for Jack Inhibitors.

1. Younger patients without cardiovascular or risco blood clots. 2. Patients who strongly prefer a pill over injections. 3. patients with severe fatigue or systemic inflammation causing the fatigue.

And the reason is, JAK inhibitors are much more effective to control fatigue and pain symptoms compared to biologics. Number four, patients for whom single medication is preferred, we call monotherapy.

Who May Be a Good Candidate

Jak inhibitor can be used alone with our methotrexate. So if you are scared of methotrexate, then JAK inhibitors could be a good option without needing metho trexite.

And number five, patients who have not responded or could not tolerate other biologics. In those five cases, JAAK inhibitor could an excellent option to manage your rheumatoid arthritis.

Now as promised, here are my three important questions to ask your doctor in your next visit. Number one, Given my age and medical history, am I at higher risk of singles or blood clot with zaconimeters?

Number two, have I had two doses of Syngrex and if not, should I do that before I start those medications? And number three, what is the monitoring plan once I started Jack inhibitors?

How will we know if something is going wrong early so that we can prevent those side effects?

Questions to Ask Your Doctor

So remember those three questions. Now here are the key takeaways. The guideline did not say Jack inhibitors are bad. They said your rheumatologist should consider your personal risk profile before choosing between biologics versus jack inhibitor.

That means your age, your risk of heart disease, infection history, vaccine status, lifestyle. not just your insurance formulary. Good medicine is personalized medicine and now you have the knowledge to make sure you get a personalized medication.

If this video helped you please subscribe to our channel because I break down complex rheumatology research in plain language every single one understand.

Drop a comment below, are you on a jack and emitter? Have you had this conversation with your doctor?

Key Takeaways and Closing

I read every comment. If you want to go deeper on medication, please tune into our channel. We'll come up with similar content in the next week. I'll see you there.

Bye bye.