Supplementary Table 1. Summary of the studies included

Study (year) Country	Study design	n	AIM subsets	Age	Female n (%)	Disease duration (yrs)	Disease activity	Treatment	Pain measure (range)	Pain severity
Alexanderson et al.[1] (1999) Sweden	Open label	10	DM, PM	Median (range) 53 (27-60)	8 (80)	Median (range) 4 (2-10)	Inactive disease on stable treatment	**Baseline**: GC 60%, AZA 50%, MTX 10%	SF-36 BP (0-100), VAS (0-100)	**Baseline:** SF-36 BP; median (range) 88 (25-100) VAS; median (range) 13 (0-75)
Alexanderson et al. (2000)[2] Sweden	Open label	11	DM, PM, OM	Median (range) 47 (23-80)	8 (73)	Median (range) 0.2 (0.1-0.2)	Early AIM with less than 3 months of immunosuppression	**Baseline:** GC 100%, MTX 10% Oral steroids mg/day median (range): 40 (2.5-60)	SF-36 BP (0-100)	**Baseline** Median (range) 41 (0-84) **12 weeks** Median (range) 72 (22-100)
Van der Meulen et al.[3] (2000) Netherlands	Cohort	8	DM, PM, NS	Mean ± SD 49 ± 16	7 (88)	<6 months	Newly diagnosed patients requiring treatment	Dexa 10 mg die for 4 days monthly for 3 months	VAS (0-10)	Mean ± SD Baseline: 4.5 ± 1.7 3 months: 2.5 ± 2
Chung et al.[4] (2001) UK	Cross-sectional	113	DM, PM	Mean (range) DM: 50 (25-75) PM: 54 (22-76)	113 (100)	Mean (range) DM: 7 (1-26) PM: 7 (1-25)	Acute cases excluded	N/A	NHP (0-100)	Mean ± SD All: 30 ± 32 DM: 30 ± 31 PM: 31 ± 33
Heikkilä et al.[5] (2001) Finland	Open label	22	DM, PM, IBM	Mean ± SD 55 ± 14	11 (50)	Mean ± SD 6.4 ± 6.1	68% stable medication for ≥ 3 months, 27% immunosuppression reduction in prior month	GC 91%, AZA 32%, MTX 14%, CYC 5%	VAS (0-100)	Mean ± SD 26 ± 27
Sultan et al.[6] (2002) UK	Cohort	34	DM, PM, OM, JDM	Mean 52	N/A	N/A	Active disease 21%	N/A	SF-36 BP (0-100)	Mean DM/PM: 55
Varjù et al.[7] (2003) Hungary	Cohort	21	DM, PM	Mean ± SD **Early recovery:** 51 ± 14 **Chronic stage:** 44 ± 15	16 (76)	Mean ± SD 3.8 ± 3.8	**Early recovery:** flare 2-3 weeks before study **Chronic stage:** stable for 3 months	AZA 24%, MTX 19%, CYC 24%	VAS (0-10)	Mean ± SD Baseline **Early recovery:** 34 ± 27 **Chronic stage:** 29 ± 24
Ponyi et al.[8] (2005) Hungary	Cross-sectional	87	DM, PM, OM	Mean ± SD 51 ± 11	67 (77)	Median (range) 8.9 (3-22.8)	Active disease 13%	GC alone (70%) On DMARD (30%)	SF-36 BP (0-100)	Mean ± SD DM: 54 ± 18 PM: 58 ± 20 OM: 66 ± 18

Supplementary Table 1 (continued). Summary of the studies included

Study (year) Country	Study design	n	AIM subsets	Age	Female n (%)	Disease duration (yrs)	Disease activity	Treatment	Pain measure (range)	Pain severity
Alexanderson et al.[9] (2007) Sweden	Open label	9	DM, PM	Median (range) 53 (44-61)	5 (56)	Median (range) 4.5 (2.7–29)	VAS 0–10; mean ± SD **Baseline**: PhGA: 0.8 ± 1 PtGA: 2,8 ± 1.7 **Post-training**: PhGA: 0.8 ± 0.9 PtGA: 2.9 ± 1.5	Prednisolone mg/day median (range): 2.5 (0-7.5) AZA 67%, CsA 11%, MTX 11%	Borg scale (0-10)	Median (range) Baseline: 1.3 (0–3) Post-training: 1.3 (0–3)
Chung et al.[10] (2007) UK, Sweden	RCT	37	DM, PM	Mean Creatine: 59 Placebo: 50	31 (84)	Median [IQR] Creatine: 9.2 [1-52] Placebo: 8.6 [1-23]	Stable patients with low disease activity per inclusion criteria	Mean GC dose (mg/day): creatine 10.5 / placebo 7.5 AZA 22%, MTX 50%	NHP (0-100) SF-MPQ (0-78)	Mean ± SD NHP Creatine: 38 ± 33 Placebo: 30 ± 29 SF-MPQ Creatine: 36 ± 27 Placebo: 25 ± 24
Sadjadi et al.[11] (2010) UK	RCT	60	IBM	Mean ± SD 65 ± 9	22 (37)	Mean ± SD 4.4 ± 3	N/A	N/A	SF-36 BP (0-100)	Mean ± SD IBM: 69 ± 27
van de Vlekkert et al.[12] (2010) Netherlands	RCT	62	DM, OM, NS, NAM	Mean ± SD Pred: 48 ± 13 Dexa: 49 ± 15	39 (63)	Median [IQR] Pred: 3.5 [1-11] Dexa: 4.5 [1-11]	Early AIM with active disease	Randomized to high dose prednisone vs dexamethasone in monotherapy	SF-36 BP (0-100) VAS (0-10)	**Baseline** VAS, median [IQR] Pred: 6 [3-10] Dexa: 6.5 [2-9] SF-36, median [IQR] Pred: 32 [0-100] Dexa: 32 [0-100] **18 months** VAS, median [IQR] Pred: 4 [1-10] Dexa: 5.5 [3-8] SF-36, median [IQR] Pred: 72 [12-100] Dexa: 72 [0-100]
Goreshi et al.[13] (2011) USA	Cross-sectional	110	DM	N/A	N/A	N/A	CDASI (0-100): 19.5 ± 10.5	N/A	SF-36 BP norm-based VAS (0-100)	SF-36 BP, mean DM: 50 VAS, median 0.7

Supplementary Table 1 (continued). Summary of the studies included

Study (year) Country	Study design	n	AIM subsets	Age	Female n (%)	Disease duration (yrs)	Disease activity	Treatment	Pain measure (range)	Pain severity
Mahler et al. [14] **(2011) Netherlands**	Cohort	13	DM, PM	N/A	7 (54)	Median [IQR] 4 [2.5–6.5]	VAS 0–100; mean ± SD **Baseline** PhGA: 55 ± 8 PtGA: 49 ± 21	RTX 100% Median [IQR] GC dose (mg/day): 15 [11-20] Additional DMARDs N/A	VAS (0-100)	Mean ± SD Baseline: 21 ± 21 At 12 months: N/A
Regardt et al. [15] **(2011) Sweden**	Cross-sectional	31	DM, PM	Mean ± SD 56 ± 11	18 (58)	Mean ± SD 6.8 ± 5.5	N/A	GC 80%, Prednisolone mg/day; mean + SD: 6 ± 5 % on DMARD N/A	SF-36 BP (0-100)	Mean All: 58 DM:55 PM: 58
Rose et al. [16] **(2012) USA**	Cross-sectional	43	DM, PM, IBM	Mean ± SD DM/PM: 56 ± 11 IBM: 63 ± 12	DM/PM: 13 (68) IBM: 6 (25)	N/A	N/A	N/A	INQOL	Mean ± SD PM/DM: 70 ± 19 IBM: 46 ± 29
Alexanderson et al. [17] **(2014) Sweden**	RCT	19	DM, PM	Median [IQR] 60 [52-67]	14 (74)	Median [range] 0.3 (0.2-0.3)	Early AIM (<3 months duration) improving on immunosuppression	Prednisolone mg/day median (range): 40 (30-60) AZA 68%, MTX 16%, CYC 11%	NHP (0-100)	Median [IQR] 9 [0-20]
Mattar et al. [18] **(2014) Brazil**	Open label	13	DM, PM	Mean ± SD 46 ± 9	9 (69)	Mean± SD 5 ± 3	VAS 0-10; mean ± SD **Baseline:** PhGA: 2.6 ± 1.2 PtGA: 3.4 ± 1.4 **12 weeks:** PhGA: 1.2 ± 0.6 PtGA: 1.6 ± 1.2	GC 8%, AZA 54%, MTX 31%, MMF 8%	SF-36 BP (0-100)	Mean ± SD **Baseline**: 59 ± 11 **12 weeks**: 87 ± 15
van de Vlekkert et al. [19] **(2014) Netherlands**	Cohort	45	DM, OM, NS, NAM	Mean ± SD 49 ± 14	39 (63)	Median[§] Baseline: 0.3	**At inclusion**: early AIM with active disease **At 18 months**: in remission 33%, polyphasic 33% and chronic course 35%.	**Baseline:** See van de Vlekkert (2010). **At 18 months**: maintenance treatment in 68% (AZA, MTX, IVIg, MMF)	SF-36 BP (0-100)	Mean Baseline: 42 18 months: 70 Last follow-up*: 65
Cleary et al. [20] **(2015) USA**	Cross-sectional	17	DM, PM, OM, IBM	Mean ± SD 56 ± 17	11 (65)	Median [IQR] 4 [2-13]	VAS 0–10; median [IQR] PhGA: 0.8 [0.7–4.5]	GC 59%, MTX 41%, HCQ 18%, AZA 12%, MMF 12%, RTX 12% Mean ± SD prednisone dose mg/day: 2.8 ± 1.3	SF-36 BP (0-100)	Median [IQR] 78 [45–95]

Supplementary Table 1 (continued). Summary of the studies included

Study (year) Country	Study design	n	AIM subsets	Age	Female n (%)	Disease duration (yrs)	Disease activity	Treatment	Pain measure (range)	Pain severity
Poulsen et al. [21] **(2017) Denmark**	Case-control	75	DM, PM	Mean ± SD 60 ± 11	48 (64)	Median [IQR] 6.7 [4.1-13]	VAS 0–10; Median [IQR] PhGA 4.4 [2.2–6.7]	GC 21%, DMARD 20%, GC + DMARD 35%	SF-36 BP (0-100) VAS (0-10)	SF-36; mean ± SD 60 + 26 VAS; median [IQR] 2.5 [0.7–4.8]
Feldon et al. [22] **(2017) USA**	Cross-sectional	1806	DM, PM, IBM, adult JDM‡	N/A	1262 (70)	Median [IQR] 9.2 [5–14]	N/A	N/A	SF-12 Norm-based	Mean + SE 43 ± 0.28
Tiffreau et al. [23] **(2017) France**	RCT	21	PM	Mean ± SD Program: 52 ± 10 Control: 58 ± 16	14 (67)	Mean ± SD **Program**: 3.8 ± 3.4 **Control**: 5.0 ± 6.4	Ongoing relapse Inclusion criteria included 20% decrease in muscle strength and myalgias	GC 100% **Program**: AZA 1% **Control:** MTX 27%	SF-36 BP (0-100), VAS (0-100)	SF-36, mean ± SD Program: 50 ± 25 Control: 48 ± 21 VAS, mean ± SD Program: 36 ± 37 Control: 29 ± 25
Alexanderson et al. [24] **(2018) Sweden**	Cohort	49	DM, PM	Mean ± SD 56 ± 14	31 (63)	Fixed visit 1 year after diagnosis	VAS 0–100; median [IQR] PhGA: 10 [4–24] PtGA: 27 [7–49]	Prednisolone mg/day [IQR]: 7.5 [5-12.5] On DMARD 94%	SF-36 BP (0-100)	Median [IQR] 74 [51–74]
Baschung-Pfister et al. [25] **(2019) Germany**	Cross-sectional	48	DM, PM, NS	Median [IQR] 60 [51-66]	36 (75)	Median [IQR] 1.5 [0.3-4.5]	Acute 19%, subacute 15%, chronic 67%	N/A	VAS (0-100)	Median [IQR] 14 [0-31]
Opinc et al. [26] **(2019) Poland**	Cross-sectional	377	DM, PM, OM, IBM‡	N/A	256 (68)	<1 yr: 13% 1–5 yrs: 40% >5 yrs: 47%	N/A	N/A	VAS (0-100)	Mean ± SD DM: 37 ± 28 PM: 39 ± 29 OM: 38 ± 33 IBM: 22 ± 27
Wallace et al. [27] **(2019) UK**	Randomized single-blinded	17	IBM	Median (range) 62 (56-67)	4 (24)	N/A	6MWD (m); mean ± SD Group A: 327 ± 92 Group B: 270 ± 78	N/A	VAS (0-10)	Mean ± SD A-Baseline: 1 ± 2 B-Baseline: 1 + 3
Albrecht et al. [28] **(2020) Germany**	Prospective	1999: 170 2017: 72	DM, PM, OM	Mean ± SD 59 ± 14†	113 (61)†	**For 1997:** <2 yrs: 30% 2-5 yrs: 29% >2 yrs: 41% **For 2017:** <2 yrs: 9% 2-5 yrs: 17% >5 yrs: 74%	**For 1997:** PhGA (0-3): 59% PhGA (4-6): 33% PhGA (7-10):8% **For 2017:** PhGA (0-3): 94% PhGA (4-6): 6%	**For 1997:** GC 84%, AZA 39%, MTX 20%, CYC 7%, CsA 3% **For 2017:** GC 58%, AZA 26%, MTX 32%, CsA 7%, CYC 3%, MMF 8%, RTX 13%	NRS (0-10)	**For 1999:** Score 0-3: 47% Score 4-6: 34% Score 7-10: 19% **For 2017:** Score 0-3: 75% Score 4-6: 17% Score 7-10: 8%

Supplementary Table 1 (continued). Summary of the studies included

Study (year) Country	Study design	n	AIM subsets	Age	Female n (%)	Disease duration (yrs)	Disease activity	Treatment	Pain measure (range)	Pain severity
Christopher-Stine et al.[29] (2020) USA	Cross-sectional	524	DM, PM‡	Mean ± SD 55 ± 13	409 (78)	Mean ± SD 8 ± 7	In year prior: no flare 22%, 1-3 flares 47%, >4 flares 26%	GC only 7%, DMARD only 37%, GC + DMARD 43%	HAQ-pain (0-3)	Mean ± SD 1.04 (0.87)
Landon-Cardinal et al.[30] (2020) France	Cohort	55	DM, IMNM, OM	Mean ± SD DM: 48 ± 17 IMNM: 54 ± 15 OM: 49 ± 15	DM: 10 (83) IMNM: 17 (63) OM: 14 (88)	Mean ± SD DM: 3 ± 2 IMNM: 9 ± 8 OM: 3 ± 4	VAS 0–10; mean ± SD **DM** PhGA: 3 ± 2, PtGA: 5 ± 2 **IMNM** PhGA: 2 ± 2, PtGA: 4 ± 3 **OM** PhGA: 3 ± 3, PtGA: 5 ± 12	GC 74%, MTX 26%, AZA 9%, MMF 15%, RTX 13%, IVIG 50%	SF-36 BP (0-100)	Mean ± SD All: 65 ± 26 DM: 55 ± 24 IMNM: 71 ± 24 OM: 63 ± 28 All (V2): 76 ± 21 All (V3): 73 ± 23
Rockette-Wagner et al.[31] (2021) USA	Cohort	50	DM, PM, IMNM, OM	Mean ± SD 52 ± 15	30 (60)	Mean ± SD 3.1 + 4.3	VAS 0–10; Mean ± SD 3.1 ± 2.3	N/A	VAS (0-10)	Mean ± SD 2.7 ± 2.6
Saygin et al.[32] (2021) USA	Cohort	50	DM, PM, IMNM, OM	Mean ± SD 52 ± 15	30 (60)	Mean ± SD 3 ± 4.2	VAS (0–10) Mean ± SD 3.1 ± 2.3	N/A	VAS (0-10)	Mean ± SD 2.7 ± 2.6
Xu et al. (2021)[33] Australia	Cross-sectional	50	DM, PM, IBM, IMNM, NS	Mean ± SD 62 ± 13	29 (58)	Median [IQR] 5 [2.5–7.4]	VAS 0–100; median [IQR] PhGA: 17 [5–31] PtGA: 29 [11–49]	N/A	SF-36 BP (0-100)	Mean ± SD All: 63 ± 26 Gen pop: 77 ± 25

Legend: DM, dermatomyositis; PM, polymyositis; OM, overlap myositis; JDM, juvenile dermatomyositis; IBM, inclusion body myositis; NS, non-specific; NAM, necrotizing autoimmune myopathy; IMNM, immune-mediated necrotizing myopathy; PhGA, physician global assessment; PtGA, patient global assessment; CDASI, Cutaneous Dermatomyositis Disease Area and Severity Index; 6MWD, 6-minute walk distance; GC, glucocorticoid; AZA, azathioprine; CYC, cyclophosphamide; CsA, ciclosporin A; DMARD, disease-modifying antirheumatic drugs; MTX, methotrexate; MMF, mycophenolate mofetil; IVIG, intravenous immunoglobulins; RTX, rituximab; HCQ, hydroxychloroquine; Pred, prednisone; Dexa, dexamethasone; SF-36 BP, Short Form-36 Bodily Pain; VAS, visual analog scale; NHP, Nottingham Health Profile; INQOL, Individualized Neuromuscular Quality of Life Questionnaire; SF-12 Short Form-12; NRS, numerical rating scale; HAQ, Health Assessment Questionnaire; N/A, not available.
†On a subsample of 187 AIM patients assessed in 2015. ‡Self-reported.

Bibliography

1. Alexanderson H, Stenström CH, Lundberg I. Safety of a home exercise programme in patients with polymyositis and dermatomyositis: a pilot study. *Rheumatology (Oxford)*. Jul 1999;38(7):608-11. doi:10.1093/rheumatology/38.7.608
2. Alexanderson H, Stenström CH, Jenner G, Lundberg I. The safety of a resistive home exercise program in patients with recent onset active polymyositis or dermatomyositis. *Scand J Rheumatol*. 2000;29(5):295-301. doi:10.1080/030097400447679
3. van der Meulen MF, Hoogendijk JE, Wokke JH, de Visser M. Oral pulsed high-dose dexamethasone for myositis. *J Neurol*. Feb 2000;247(2):102-5. doi:10.1007/pl00007789
4. Chung YL, Mitchell HL, Houssien DA, Al-Mahrouki H, Carr AJ, Scott DL. A comparative study of outcome in myositis and other musculoskeletal disorders assessed using the Nottingham health profile. *Clin Exp Rheumatol*. 2001 Jul-Aug 2001;19(4):447-50.
5. Heikkilä S, Viitanen J, Kautiainen H, Rajamäki T, Mäntyvuo P, Harju T. Rehabilitation in myositis: Preliminary study. *Physiotherapy*. 2001;87(6):301-309.
6. Sultan SM, Ioannou Y, Moss K, Isenberg DA. Outcome in patients with idiopathic inflammatory myositis: morbidity and mortality. *Rheumatology (Oxford)*. Jan 2002;41(1):22-6. doi:10.1093/rheumatology/41.1.22
7. Varjú C, Pethö E, Kutas R, Czirják L. The effect of physical exercise following acute disease exacerbation in patients with dermato/polymyositis. *Clin Rehabil*. Feb 2003;17(1):83-7. doi:10.1191/0269215503cr572oa
8. Ponyi A, Borgulya G, Constantin T, Váncsa A, Gergely L, Dankó K. Functional outcome and quality of life in adult patients with idiopathic inflammatory myositis. *Rheumatology (Oxford)*. Jan 2005;44(1):83-8. doi:10.1093/rheumatology/keh404
9. Alexanderson H, Dastmalchi M, Esbjornsson-Liljedahl M, Opava CH, Lundberg IE. Benefits of intensive resistance training in patients with chronic polymyositis or dermatomyositis. *Arthritis Rheum*. Jun 15 2007;57(5):768-77. doi:10.1002/art.22780
10. Chung YL, Alexanderson H, Pipitone N, et al. Creatine supplements in patients with idiopathic inflammatory myopathies who are clinically weak after conventional pharmacologic treatment: Six-month, double-blind, randomized, placebo-controlled trial. *Arthritis Rheum*. May 15 2007;57(4):694-702. doi:10.1002/art.22687
11. Sadjadi R, Rose MR, Group MS. What determines quality of life in inclusion body myositis? *J Neurol Neurosurg Psychiatry*. Oct 2010;81(10):1164-6. doi:10.1136/jnnp.2009.183863
12. van de Vlekkert J, Hoogendijk JE, de Haan RJ, et al. Oral dexamethasone pulse therapy versus daily prednisolone in sub-acute onset myositis, a randomised clinical trial. *Neuromuscul Disord*. Jun 2010;20(6):382-9. doi:10.1016/j.nmd.2010.03.011
13. Goreshi R, Chock M, Foering K, et al. Quality of life in dermatomyositis. *J Am Acad Dermatol*. Dec 2011;65(6):1107-16. doi:10.1016/j.jaad.2010.10.016
14. Mahler EA, Blom M, Voermans NC, van Engelen BG, van Riel PL, Vonk MC. Rituximab treatment in patients with refractory inflammatory myopathies. *Rheumatology (Oxford)*. Dec 2011;50(12):2206-13. doi:10.1093/rheumatology/ker088
15. Regardt M, Welin Henriksson E, Alexanderson H, Lundberg IE. Patients with polymyositis or dermatomyositis have reduced grip force and health-related quality of life in comparison with reference values: an observational study. *Rheumatology (Oxford)*. Mar 2011;50(3):578-85. doi:10.1093/rheumatology/keq356
16. Rose MR, Sadjadi R, Weinman J, et al. Role of disease severity, illness perceptions, and mood on quality of life in muscle disease. *Muscle Nerve*. Sep 2012;46(3):351-9. doi:10.1002/mus.23320

17. Alexanderson H, Munters LA, Dastmalchi M, et al. Resistive home exercise in patients with recent-onset polymyositis and dermatomyositis -- a randomized controlled single-blinded study with a 2-year followup. *J Rheumatol*. Jun 2014;41(6):1124-32. doi:10.3899/jrheum.131145
18. Mattar MA, Gualano B, Perandini LA, et al. Safety and possible effects of low-intensity resistance training associated with partial blood flow restriction in polymyositis and dermatomyositis. *Arthritis Res Ther*. Oct 25 2014;16(5):473. doi:10.1186/s13075-014-0473-5
19. van de Vlekkert J, Hoogendijk JE, de Visser M. Long-term follow-up of 62 patients with myositis. *J Neurol*. May 2014;261(5):992-8. doi:10.1007/s00415-014-7313-z
20. Cleary LC, Crofford LJ, Long D, et al. Does computed tomography-based muscle density predict muscle function and health-related quality of life in patients with idiopathic inflammatory myopathies? *Arthritis Care Res (Hoboken)*. Jul 2015;67(7):1031-40. doi:10.1002/acr.22557
21. Poulsen KB, Alexanderson H, Dalgård C, Jacobsen S, Weile L, Diederichsen LP. Quality of life correlates with muscle strength in patients with dermato- or polymyositis. *Clin Rheumatol*. Oct 2017;36(10):2289-2295. doi:10.1007/s10067-017-3706-6
22. Feldon M, Farhadi PN, Brunner HI, et al. Predictors of Reduced Health-Related Quality of Life in Adult Patients With Idiopathic Inflammatory Myopathies. *Arthritis Care Res (Hoboken)*. 11 2017;69(11):1743-1750. doi:10.1002/acr.23198
23. Tiffreau V, Rannou F, Kopciuch F, et al. Postrehabilitation Functional Improvements in Patients With Inflammatory Myopathies: The Results of a Randomized Controlled Trial. *Arch Phys Med Rehabil*. 02 2017;98(2):227-234. doi:10.1016/j.apmr.2016.09.125
24. Alexanderson H, Regardt M, Ottosson C, et al. Muscle Strength and Muscle Endurance During the First Year of Treatment of Polymyositis and Dermatomyositis: A Prospective Study. *J Rheumatol*. 04 2018;45(4):538-546. doi:10.3899/jrheum.161183
25. Baschung Pfister P, de Bruin ED, Bastiaenen CHG, Maurer B, Knols RH. Reliability and validity of the German version of the Myositis Activities Profile (MAP) in patients with inflammatory myopathy. *PLoS One*. 2019;14(6):e0217173. doi:10.1371/journal.pone.0217173
26. Opinc AH, Brzezińska OE, Makowska JS. Disability in idiopathic inflammatory myopathies: questionnaire-based study. *Rheumatol Int*. 07 2019;39(7):1213-1220. doi:10.1007/s00296-019-04302-y
27. Wallace A, Pietrusz A, Dewar E, et al. Community exercise is feasible for neuromuscular diseases and can improve aerobic capacity. *Neurology*. 04 09 2019;92(15):e1773-e1785. doi:10.1212/WNL.0000000000007265
28. Albrecht K, Huscher D, Callhoff J, et al. Trends in idiopathic inflammatory myopathies: cross-sectional data from the German National Database. *Rheumatol Int*. Oct 2020;40(10):1639-1647. doi:10.1007/s00296-020-04634-0
29. Christopher-Stine L, Wan GJ, Kelly W, McGowan M, Bostic R, Reed ML. Patient-reported dermatomyositis and polymyositis flare symptoms are associated with disability, productivity loss, and health care resource use. *J Manag Care Spec Pharm*. Nov 2020;26(11):1424-1433. doi:10.18553/jmcp.2020.26.11.1424
30. Landon-Cardinal O, Bachasson D, Guillaume-Jugnot P, et al. Relationship between change in physical activity and in clinical status in patients with idiopathic inflammatory myopathy: A prospective cohort study. *Semin Arthritis Rheum*. 10 2020;50(5):1140-1149. doi:10.1016/j.semarthrit.2020.06.014
31. Rockette-Wagner B, Saygin D, Moghadam-Kia S, et al. Reliability, validity and responsiveness of physical activity monitors in patients with inflammatory myopathy. *Rheumatology (Oxford)*. 12 01 2021;60(12):5713-5723. doi:10.1093/rheumatology/keab236
32. Saygin D, Oddis CV, Dzanko S, et al. Utility of patient-reported outcomes measurement information system (PROMIS) physical function form in inflammatory myopathy. *Semin Arthritis Rheum*. 06 2021;51(3):539-546. doi:10.1016/j.semarthrit.2021.03.018
33. Xu A, Sun C, Metcalf R, Limaye V. Health-related quality of life and work impairment in idiopathic inflammatory myopathies in South Australia. *Int J Rheum Dis*. Jun 2021;24(6):809-814. doi:10.1111/1756-185X.14120