

# Rheumatology

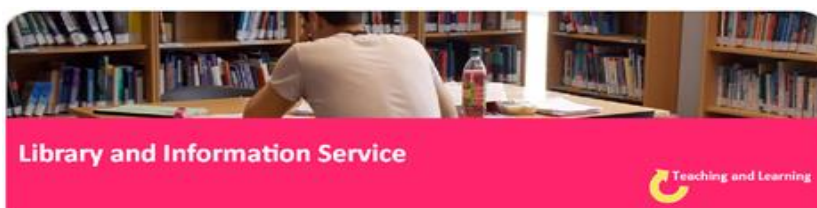
## Current Awareness

## Newsletter

## January 2015



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**If you require full articles please email me @  
Thomas.Osborne@UHBristol.nhs.uk**

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[Estrogen alone or in combination with parathyroid hormone can decrease vertebral MEF2 and sclerostin expression and increase vertebral bone mass in ovariectomized rats](#)  
[A trabecular plate-like phenotype is overrepresented in Chinese-American versus Caucasian women](#)  
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[Comparison of the effect of 18-month daily teriparatide administration on patients with rheumatoid arthritis and postmenopausal osteoporosis patients](#)  
[Incidence and risk factors for osteoporotic vertebral fracture in low-income community-dwelling elderly: a population-based prospective cohort study in Brazil. The São Paulo Ageing & Health \(SPAH\) Study](#)  
[Comparison of the effects of three oral bisphosphonate therapies on the peripheral skeleton in postmenopausal osteoporosis: the TRIO study](#)  
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## **New activity in Uptodate/DynaMed**

**Tofacitinib safety and risk of herpes zoster in RA (October 2014, MODIFIED November 2014)**

The relative safety of tofacitinib, the orally administered Janus kinase inhibitor, was examined in an analysis of data from randomized trials and long-term extension studies involving more than 4700 patients with rheumatoid arthritis (RA) with more than 8000 patient-years of exposure to the drug [12]. The frequency of serious infections, which was stable over time, and the all cause mortality rate were comparable to those previously reported in patients with RA receiving biologic disease-modifying anti-rheumatic drugs (DMARDs). Factors associated with an increased risk of serious infection with tofacitinib use were age, glucocorticoid dose, diabetes, tofacitinib dose, and lymphopenia.

Additional analysis of the trials and extension studies showed that the risk of herpes zoster (HZ) was significantly increased in patients receiving tofacitinib, compared with placebo, especially in older patients and those from Asia [13]. HZ occurred in 5 percent of patients (more than 200 cases) receiving tofacitinib; none involved visceral dissemination or death. (See "[Treatment of rheumatoid arthritis resistant to initial DMARD therapy in adults](#)", [section on 'Tofacitinib'](#).)

#### **Hypogammaglobulinemia following rituximab therapy (November 2014)**

Rituximab, a monoclonal antibody used in the treatment of hematologic malignancies and several autoimmune and rheumatologic disorders, depletes B cells and may cause hypogammaglobulinemia in some patients. Early clinical trials suggested that hypogammaglobulinemia following rituximab administration was transient and not associated with serious infections. However, subsequent reports have described persistent hypogammaglobulinemia associated with significant infections in a small subset of patients. A retrospective review of 19 patients with persistent, symptomatic hypogammaglobulinemia included patients who had received rituximab for periods ranging from one month to four years for hematologic malignancies or autoimmune or rheumatologic disorders [2]. Most patients experienced sinopulmonary infections, but three had enteroviral meningoencephalitis (with one fatality). All but one required immune globulin replacement to prevent infections. Clinicians should be aware of this complication, particularly in patients receiving multiple courses of rituximab, although risk factors for and incidence of hypogammaglobulinemia remain poorly defined. (See "[Secondary immunodeficiency induced by drugs and biologics](#)", [section on 'Hypogammaglobulinemia'](#).)

#### **Cytoplasmic 5'-nucleotidase 1A (cN1A) antibodies in inclusion body myositis (November 2014)**

There are no definitive diagnostic laboratory tests for inclusion body myositis. However, testing for autoantibodies directed against cytoplasmic 5'-nucleotidase 1A (cN1A) may be helpful in establishing the diagnosis of inclusion body myositis (IBM). A study evaluated the diagnostic performance of IgM, IgA, and IgG anticN1A serum antibodies detected by enzyme linked immunosorbent assay (ELISA) in 205 patients, 50 of whom had IBM [4]. A combination assay of all three autoantibody levels resulted in a sensitivity and specificity of 76 and 91 percent, respectively. This assay is not yet commercially available and additional studies are needed to confirm the diagnostic utility of such testing. (See "[Clinical manifestations and diagnosis of inclusion body myositis](#)", [section on 'Laboratory testing'](#).)

#### **Abatacept in patients with proliferative lupus nephritis (November 2014)**

CTLA4-Ig (abatacept) is a fusion protein that competitively inhibits CD28-B7 T cell costimulation. In the Abatacept and Cyclophosphamide Combination Efficacy and Safety Study (ACCESS), 134 patients with proliferative lupus nephritis (half also had membranous lupus) were treated with cyclophosphamide and glucocorticoids and were randomly assigned to also receive abatacept or placebo [21]. All patients received azathioprine after the conclusion of cyclophosphamide until week 24. The complete response rate at 24 weeks was 33 percent with abatacept and 31 percent with placebo. The total response rate at 24 weeks (complete or partial) was 59 percent in both groups. At one year, 64 percent of patients in the abatacept group and 68 percent in the placebo group had a complete or partial remission. Adverse events were similar between the two groups. Thus, these data do not support the use of abatacept in the initial treatment of proliferative lupus nephritis. (See ["Therapy of diffuse or focal proliferative lupus nephritis", section on 'Costimulatory blockade with CTLA4-Ig'.](#))

### **Combination tacrolimus and mycophenolate mofetil in patients with lupus nephritis (November 2014)**

Cyclophosphamide or mycophenolate mofetil (MMF), in combination with glucocorticoids, are the preferred agents for initial therapy in patients with focal or diffuse proliferative lupus nephritis (LN). A "multitarget" regimen that combined tacrolimus, low-dose MMF, and prednisone was compared with high-dose cyclophosphamide and prednisone in 368 Chinese patients with LN [22]. At 24 weeks, the rate of complete remission, defined as 24-hour urine protein excretion of 0.4 g or less, serum albumin of 3.5 g/dL or more, normal serum creatinine, and absence of an active urine sediment, was greater in the multitarget group (46 versus 26 percent) as was the overall response rate (complete or partial remission; 84 versus 63 percent). Serious adverse events, particularly infections, were more common with multitarget therapy (7 versus 3 percent), as was dropout due to adverse events (6 versus 2 percent). The study was limited by the lack of long-term follow-up of kidney function and by the fact that tacrolimus can reduce proteinuria through a hemodynamic mechanism (which may be unrelated to immunologic recovery). Since all of the patients in this trial had a normal serum creatinine at baseline, proteinuria reduction without immunological recovery could have been classified as a remission. Pending further data, we do not advise this multitarget regimen as induction therapy for most patients with proliferative lupus nephritis. (See ["Therapy of diffuse or focal proliferative lupus nephritis", section on 'Tacrolimus'.](#))

### **Puffy fingers as an early sign of systemic sclerosis (scleroderma) (November 2014)**

Preliminary criteria have been proposed to identify important clinical features of early systemic sclerosis (SSc) that may precede the characteristic skin thickening and internal organ involvement. The prevalence of various clinical and laboratory features was evaluated in a cohort of 469 patients with Raynaud phenomenon (RP), and the presence of puffy, swollen digits was identified as an important feature that should raise suspicion for early SSc [16]. Almost 90 percent of ANA positive patients with RP and puffy swollen digits also had scleroderma-specific autoantibodies and/or a scleroderma pattern on nailfold capillaroscopy, and fulfilled criteria for early SSc. However, validation of the predictive value of these criteria is still needed. (See ["Diagnosis and differential diagnosis of](#)



<a href="#">Degenerative joint disease of the knee</a>	bicompartmental knee arthroplasty may not improve knee symptoms or function compared to total knee arthroplasty in patients with knee OA in medial and patellofemoral compartments (J Arthroplasty 2014 Sep)	01/05/2015 03:58:00 PM
<a href="#">Degenerative joint disease of the knee</a>	standing anteroposterior and 45 degree posteroanterior radiographic views may have low to moderate sensitivity but high specificity for severe knee osteoarthritis (Arthroscopy 2014 Oct 10 early online)	01/05/2015 03:32:00 PM
<a href="#">Degenerative joint disease of the low back</a>	Kineflex-L and CHARITE lumbar total disk replacement devices may have similar treatment success in patients with disk degeneration having total disk replacement (Spine (Phila Pa 1976) 2014 May 20)	12/24/2014 11:28:00 AM
<a href="#">Ankylosing spondylitis</a>	review of vaccines and biologics (Ann Rheum Dis 2014 Aug)	12/23/2014 10:55:00 AM
<a href="#">Sjogren syndrome</a>	review of vaccines and biologics (Ann Rheum Dis 2014 Aug)	12/23/2014 10:49:00 AM
<a href="#">Mixed connective tissue disease</a>	review of vaccines and biologics (Ann Rheum Dis 2014 Aug)	12/23/2014 10:48:00 AM
<a href="#">Behcet syndrome</a>	Cochrane review of interventions for oral ulcers in Behcet syndrome (Cochrane Database Syst Rev 2014 Sep 25)	12/22/2014 11:45:00 AM
<a href="#">Degenerative</a>	strength training may improve balance	12/19/2014

<a href="#">joint disease of the knee</a>	and reduce risk of falls in older patients with knee OA (Age Ageing 2015 Jan)	02:45:00 PM
<a href="#">Ankylosing spondylitis</a>	sulfasalazine may not improve physical function, pain, or spinal mobility in patients with ankylosing spondylitis (Cochrane Database Syst Rev 2014 Nov 27)	12/17/2014 01:36:00 PM
<a href="#">Granulomatosis with polyangiitis</a>	rituximab appears more effective than azathioprine for maintenance of remission in patients with ANCA-associated vasculitis (N Engl J Med 2014 Nov 6)	12/08/2014 05:18:00 AM
<a href="#">Gout - prevention of recurrent attacks</a>	benzbromarone may have similar effect on acute gout attacks but lower risk of adverse events compared to probenecid in adults with chronic gout; limited evidence to compare uricosuric drugs to allopurinol (Cochrane Database Syst Rev 2014 Nov 14)	12/08/2014 05:13:00 AM
<a href="#">Marfan syndrome</a>	atenolol and losartan associated with similar progression of aortic root dilatation in children and young adults with Marfan syndrome (N Engl J Med 2014 Nov 27)	12/08/2014 05:11:00 AM

## Quick Exercise

### Select the research design

Randomised Controlled Trial	Systematic Review	Cohort Study	Case Control Study
Case Series	Case Report	Cross-Sectional Study	Qualitative

New mothers who don't breast-feed are asked their views on breast-feeding

Children with a fever are given either paracetamol or ibuprofen to determine which is better at reducing the fever

50 young women with viral hepatitis and 50 young women without viral hepatitis were queried about recent ear-piercing to determine if ear piercing is a risk factor for viral hepatitis.

All the evidence on the effectiveness of clinical librarian services in supporting patient care is located, appraised and synthesised

An incidence of deficiency-related rickets in a set of twins aged 10 months is reported in an article

A large-scale population based questionnaire study examining the prevalence of stroke risk factors. Participants were surveyed once.

550 people who smoke cannabis are monitored over 15 years to determine whether they are at a higher risk of developing schizophrenia than people who do not smoke cannabis

An article describes the symptoms and clinical profile of 5 children who presented to an Emergency Department who were suspected to have abdominal epilepsy



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