**Outreach**

Your Outreach Librarian can help facilitate evidence-based practise for all Rheumatology staff, as well as assisting with academic study and research. We can help with **literature searching, obtaining journal articles and books**, and setting up individual **current awareness alerts**.

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We provide a literature searching service for any library member. For those embarking on their own research it is advisable to book some time with one of the librarians for a 1 to 1 session where we can guide you through the process of creating a well-focused literature research and introduce you to the health databases access via NHS Evidence.

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Books can be searched for using SWIMS our online catalogue at [www.swims.nhs.uk](http://www.swims.nhs.uk). Books and journals that are not available on site or electronically may be requested from other locations. Please email requests to: library@uhbristol.nhs.uk
Contents

1: Tables of Contents from March’s Rheumatology journals

2: New NICE Guidance

3: Latest relevant Systematic Reviews from the Cochrane Library

4: New activity in Uptodate

5: Quick Exercise

6: Current Awareness database articles
Tables of Contents from Rheumatology journals

The links below will take you to the full Tables of Contents.

If you require full articles please email: library@uhbristol.nhs.uk

**Rheumatology**
March 2016, Volume 55, Issue 3

**Annals of Rheumatic Disease**
March 2016, Volume 75, Issue 3

**Arthritis & Rheumatology**
March 2016, Volume 68, Issue 3

**Journal of Rheumatology**
March 2016 Volume 43 Issue 3

**Osteoporosis International**
March 2016 Volume 27 Issue 3

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**Upcoming Lunchtime Drop-in Sessions**

The Library and Information Service provides free specialist information skills training for all UHBristol staff and students. To book a place, email: library@uhbristol.nhs.uk

If you’re unable to attend we also provide one-to-one or small group sessions. Contact library@uhbristol.nhs.uk or katie.barnard@uhbristol.nhs.uk to arrange a session.

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- Understanding articles
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Skin disorders associated with TNF inhibitor use (February 2016)

A variety of skin disorders have been reported in association with the use of tumor necrosis factor (TNF) inhibitors for inflammatory and autoimmune conditions. The largest of several recent studies of patients with inflammatory bowel disease (IBD) receiving these agents involved a cohort of 917 consecutive patients with IBD on TNF inhibitors for a median of 3.5 years, in whom 29 percent developed skin lesions (12.4 per 100 patient-years) [1]. Specific cutaneous lesions included (from most to least common) psoriasiform eczema, eczema, xerosis cutis, palmoplantar pustulosis, and psoriasis; other abnormalities were mostly infectious and inflammatory skin lesions and alopecia. The majority of patients were managed without discontinuation of TNF inhibitor therapy. Limitations of the analysis included uncertainty regarding the relative roles of the treatment and the underlying disease due to the lack of a matched control group not receiving TNF inhibitors. (See “Tumor necrosis factor-alpha inhibitors: An overview of adverse effects”, section on 'Cutaneous reactions'.)
Quick Exercise

Match the study design with the timeframe it covers.

1. Randomised Controlled Trial
2. Cross-Sectional Study
3. Case-control Study
4. Cohort Study
5. Case Report

Find out more about study designs in one of our Understanding Articles training sessions. For more details, email library@uhbristol.nhs.uk.
**Title:** Multidisciplinary dermatology-rheumatology management for patients with moderate-to-severe psoriasis and psoriatic arthritis: a systematic review.

**Citation:** Rheumatology international, Feb 2016, vol. 36, no. 2, p. 221-229, 1437-160X (February 2016)

**Author(s):** Cobo-Ibáñez, Tatiana, Villaverde, Virginia, Seoane-Mato, Daniel, Muñoz-Fernández, Santiago, Guerra, Mercedes, Del Campo, Petra Diaz, Cañete, Juan D

**Abstract:** The aim of the study was to analyze the efficacy and satisfaction of multidisciplinary dermatology-rheumatology management for patients with moderate-to-severe psoriasis and psoriatic arthritis (PsA). We conducted a systematic literature search in MEDLINE, EMBASE, and Cochrane Library up to September 2015. Selection criteria include (1) adult patients with moderate-to-severe psoriasis and PsA, (2) assessed in a multidisciplinary consultation, (3) comparison with routine separate consultations, and (4) outcome measures to evaluate efficacy and/or satisfaction. Meta-analyses, systematic reviews, clinical trials, cohort studies, and case series were included. The quality of the studies included was graded according to the Oxford Level of Evidence scale. Of 195 articles, three studies complied with the inclusion criteria: two case series and one descriptive study in which 506 patients were evaluated. Patients were referred to the multidisciplinary consultation from dermatology and rheumatology consultations in all but one study, in which primary care was also involved. The reason for the referral was to confirm the diagnosis and/or treatment. Patients were evaluated on a weekly and monthly basis in two and one study, respectively. The evidence obtained is scarce but suggests the efficacy of multidisciplinary consultations in terms of improved skin and joint symptoms after changing treatment (82-56 %), showing higher scores for this type of consultation compared to the usual [4.91 vs. 2.85 (0-5)] and a high level of satisfaction among patients (94 % "very satisfied"). However, waiting times were higher. With the limited evidence found, multidisciplinary management seems to be more effective and more satisfactory for patients with moderate-to-severe psoriasis and PsA than conventional consultations, though this could not be conclusively demonstrated. The results of this review support the benefit of implementing this type of consultation.

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**Title:** Rituximab done: what's next in rheumatoid arthritis? A European observational longitudinal study assessing the effectiveness of biologics after rituximab treatment in rheumatoid arthritis.

**Citation:** Rheumatology, Feb 2016, vol. 55, no. 2, p. 230-236, 1462-0332 (February 2016)

**Author(s):** Walker, Ulrich A, Jaeger, Veronika K, Chatzidionysiou, Katerina, Hetland, Merete L, Hauge, Ellen-Margrethe, Pavelka, Karel, Nordström, Dan C, Canhão, Helena, Tomšič, Matija, van Vollenhoven, Ronald, Gabay, Cem

**Abstract:** To compare the effectiveness of biologics after rituximab (RTX) treatment in RA. The effectiveness of TNF-α inhibitors (TNFi), abatacept (ABA) or tocilizumab (TCZ) was examined in patients previously treated with RTX using clinical data collected in the Collaborative Registries for the Evaluation of Rituximab in RA Collaborative registry. Patients had stopped RTX 6 months or less
prior to the new biologic and had a baseline visit within 21 days of starting the new biologic. Two hundred and sixty-five patients were analysed after 6 months of treatment. Patients on TCZ (n = 86) had a greater decline of DAS28-ESR and clinical disease activity index than patients on TNFi (n = 89) or ABA (n = 90). This effect was also seen after adjusting for baseline prednisone use and the number of previous biologics. The mean DAS28-ESR scores in patients on TCZ were 1.0 (95% CI: 0.2, 1.7) and 1.8 (95% CI: 1.0, 2.5) points lower than in patients on TNFi or ABA, respectively. In patients on TCZ, the clinical disease activity index was 9.4 (95% CI: 1.7, 16.1) and 8.1 (95% CI: 0.9, 15.3) points lower than on TNFi and ABA, respectively. Patients on TCZ more frequently had good EULAR responses than patients on TNFi or ABA (66 vs 31 vs 14%, P < 0.001). The HAQ disability index improved in all treatment groups (P < 0.001), but did not differ between biologics, as did drug retention rates. The reasons for discontinuation of RTX and the number of previous biologics had no influence on outcomes. In this observational cohort of patients who discontinued RTX, TCZ provided a better control of RA than ABA or TNFi. © The Author 2015. Published by Oxford University Press on behalf of the British Society for Rheumatology.

Title: Immunogenicity of biologic agents in rheumatoid arthritis patients: lessons for clinical practice.

Citation: Rheumatology, Feb 2016, vol. 55, no. 2, p. 210-220, 1462-0332 (February 2016)

Author(s): Schaeverbeke, Thierry, Truchetet, Marie-Elise, Kostine, Marie, Barnetche, Thomas, Bannwarth, Bernard, Richez, Christophe

Abstract: Anti-drug antibodies (ADAbs) develop in up to a third of patients treated with biologic agents, with such immunogenicity being one of the main reasons for the loss of efficacy observed in an important proportion of patients treated with such agents. The appearance of ADAbs has consequences in terms of efficacy and tolerance of the biodrug: the development of ADAbs is associated with a poorer clinical response and with an increased risk of adverse effects. Formation of ADAbs has been observed with all biologic DMARDs, but anti-TNF agent mAbs appear to be the largest contributors, independent of humanization of the antibody. ADAb identification is technically difficult and not standardized, partly explaining important variations between published studies. A variety of factors can influence the risk of ADAb appearance, some of which are linked to the treatment strategy, such as the combination with synthetic DMARDs or the rhythm of administration of the biodrug, whereas other factors are dependent on the patient, such as the level of inflammation at onset or body weight. The detection of these antibodies and/or the dosage of the biologic agent itself could have consequences for the bedside practice of clinicians and should be well understood. This review of the literature proposes an overview of the data published on the subject to help clinicians manage the biologics according to these new concepts.

Title: Real-world evaluation of TNF-inhibitor utilization in rheumatoid arthritis.

Citation: Journal of medical economics, Feb 2016, vol. 19, no. 2, p. 91-102, 1941-837X (February 2016)

Author(s): Harnett, J, Wiederkehr, D, Gerber, R, Gruben, D, Koenig, A, Bourret, J

Abstract: To evaluate 12-month treatment patterns, healthcare resource use (HCRU), and costs for patients with rheumatoid arthritis (RA), following initiation of index TNF inhibitors (TNFi) and subsequent biologic DMARDs (bDMARDs). This was a retrospective cohort analysis of adults with RA newly initiating TNFi in the Truven Marketscan Commercial Claims and Encounters and Medicare
Supplemental Databases during 2010-2013. A sub-group of patients who switched to a bDMARD within 12 months post-index and within 180 days of last index TNFi were subsequently evaluated over 12 months. TNFi/bDMARD treatment patterns were characterized as: continuers, no gap >180 days in prescription/administration of index TNFi; discontinuers, gap >180 days; switchers, initiated new bDMARD. Concomitant conventional synthetic DMARD use, co-morbid chronic illnesses, and RA severity were assessed. All-cause/RA-related HCRU and costs were evaluated 12 months post-index. Of 9567 identified patients, 67.2%, 17.3%, and 15.4% were continuers, discontinuers, and switchers, respectively. Switchers had the highest 12-month unadjusted mean all-cause costs of $34,585 vs $33,051 for continuers (p = 0.1158) and $24,915 for discontinuers (p < 0.0001; discontinuers vs continuers, p < 0.0001). RA-related costs comprised 82.8%, 31.4%, and 85.7% of total costs for continuers, discontinuers, and switchers, respectively. Of 764 switchers, 68.2% switched to alternative TNFi (cyclers), the rest to non-TNFi bDMARDs; 36.7% of patients who switched to TNFi switched again (to third-line bDMARD) vs 27.6% (p = 0.0313) of those who switched to non-TNFi bDMARDs. Switchers to non-TNFi bDMARDs had higher mean 12-month all-cause costs of $76,580 compared with $50,689 for switchers to alternative TNFi (p < 0.0001); biologic-administration visits comprised 78.8% of the greater total RA-related costs of switchers to non-TNFi bDMARDs. Real-world TNFi discontinuation/switching rates correspond to randomized controlled trial non-response rates. TNFi cycling is common and associated with an increased likelihood of switching to third-line bDMARD. Switching to non-TNFi bDMARDs was associated with higher costs, mostly attributed to office administrations.

Title: Periarticular osteoporosis of the forearm correlated with joint destruction and functional impairment in patients with rheumatoid arthritis.

Citation: Osteoporosis international : a journal established as result of cooperation between the European Foundation for Osteoporosis and the National Osteoporosis Foundation of the USA, Feb 2016, vol. 27, no. 2, p. 691-701, 1433-2965 (February 2016)


Abstract: The relationship between periarticular osteoporosis in the distal forearm and joint destruction or functional impairment in patients with rheumatoid arthritis (RA) is not sufficiently elucidated. From a single institutional cohort study, we found a strong correlation between periarticular forearm bone mineral density (BMD) and joint destruction or functional impairment. This study was conducted to investigate (1) the difference between various periarticular regions of interest (ROIs) of BMD of the forearm, (2) the correlation between periarticular forearm BMD and joint destruction and physical function, (3) the independent variables for predicting BMD of the forearm, and (4) the forearm BMD of different ROIs in the early stage of RA. We conducted a cross-sectional study in an RA cohort. Measurements included BMD of the distal forearm, joint destruction of the hands assessed by modified total Sharp score (mTSS), functional impairment assessed by a health assessment questionnaire (HAQ), and other clinical data. Variables affecting the forearm BMD values were analyzed by correlation and stepwise regression analyses. Of the 405 patients enrolled in the present study, 370 (average age; 62.9 years) were identified as having definite RA with a complete set of data. BMD in the distal end of the forearm (BMDud) was significantly reduced compared with that in the distal third of the forearm (BMD1/3). In a stepwise regression analysis, the mTSS in BMD1/3 was an independent predicting variable, while age and partial HAQ scores associated with the upper extremity were common independent variables in BMDud and BMD1/3. BMDud was significantly less than BMD1/3, even in patients with a short duration of the disease. BMD1/3 was significantly less in non-remission group compared with that in remission group in
patients with a short duration of the disease. Periarticular BMD in the distal forearm is closely correlated with joint destruction and functional impairment in RA. Periarticular BMD in the distal forearm may be already reduced at the clinical manifestation of the disease.

Title: Safety and Efficacy of Open-label Subcutaneous Ixekizumab Treatment for 48 Weeks in a Phase II Study in Biologic-naive and TNF-IR Patients with Rheumatoid Arthritis.

Citation: The Journal of rheumatology, Feb 2016, vol. 43, no. 2, p. 289-297, 0315-162X (February 2016)

Author(s): Genovese, Mark C, Braun, Daniel K, Erickson, Janelle S, Berclaz, Pierre-Yves, Banerjee, Subhashis, Heffernan, Michael P, Carlier, Hilde

Abstract: To evaluate ixekizumab, an anti-interleukin 17A monoclonal antibody, for safety and effectiveness through 64 weeks in biologic-naive and tumor necrosis factor-inadequate responder (TNF-IR) patients with rheumatoid arthritis. Patients completing the 16-week double-blind period of a phase II study were eligible to enter the open-label extension (OLE) for an additional 48 weeks of ixekizumab treatment. After a treatment hiatus between weeks 10 to 16, 232 biologic-naive and 158 TNF-IR patients entered the OLE with all patients receiving 160 mg ixekizumab at weeks 16, 18, and 20, and then every 4 weeks through Week 64. A total of 201 (87%) biologic-naive and 99 (62%) TNF-IR patients completed the OLE. Treatment-emergent adverse events (AE) occurred in 168 (72%) biologic-naive and 115 (73%) TNF-IR patients during the OLE. Most AE were mild to moderate in severity and did not lead to study discontinuation. Serious AE (SAE) occurred in 17 (7%) biologic-naive patients, including 5 (2%) serious infections and 2 (1%) deaths. SAE occurred in 18 (11%) TNF-IR patients, including 4 (3%) serious infections and 1 (1%) death. No mycobacterial or invasive fungal infections were reported. Clinical responses [American College of Rheumatology (ACR) 20, ACR50, ACR70, and 28-joint Disease Activity Score with C-reactive protein] observed at Week 16 were maintained or improved through Week 64. Ixekizumab was well tolerated, and safety findings in the OLE were consistent overall with those in the double-blind period of this study. Clinical improvements observed with ixekizumab through Week 16 were maintained or improved in patients participating in the OLE through Week 64. NCT00966875.

Title: Effectiveness of an Integrated Multidisciplinary Osteoarthritis Outpatient Program versus Outpatient Clinic as Usual: A Randomized Controlled Trial.

Citation: The Journal of rheumatology, Feb 2016, vol. 43, no. 2, p. 411-418, 0315-162X (February 2016)

Author(s): Moe, Rikke Helene, Grotle, Margreth, Kjeken, Ingvild, Olsen, Inge Christoffer, Mowinckel, Petter, Haavardsholm, Espen A, Hagen, Kåre Birger, Kvien, Tore K, Uhlig, Till

Abstract: Osteoarthritis (OA) is one of the leading causes of pain and disability. Given the constraint in the provision of care, there is a need to develop and assess effectiveness of new treatment models. The objective was to compare satisfaction with and effectiveness of a new integrated multidisciplinary outpatient program with usual care in an outpatient clinic for patients with OA. Patients with clinical OA referred to a rheumatology outpatient clinic were randomized to a 3.5-h multidisciplinary group-based educational program followed by individual consultations, or to usual care. The primary outcome was satisfaction with the health service evaluated on a numerical rating scale (0 = extremely unsatisfied, 10 = extremely satisfied) after 4 months. Secondary outcomes
included health-related quality of life measures. Of 391 patients, 86.4% (n = 338) were women, and mean age was 61.2 (SD 8.0) years. At 4 months, patients who received integrated multidisciplinary care were significantly more satisfied with the health service compared with controls, with a mean difference of -1.05 (95% CI -1.68 to -0.43, p < 0.001). Among secondary outcomes, only self-efficacy with other symptoms scale (10-100) improved significantly in the multidisciplinary group compared with controls at 4 months (3.59, 95% CI 0.69-6.5, p = 0.02). At 12 months, the Australian/Canadian Hand Osteoarthritis Index pain (0-10) and fatigue scores (0-10) were slightly worse in the multidisciplinary group with differences of 0.38 (95% CI 0.06-0.71, p = 0.02) and 0.55 (95% CI 0.02-1.07, p = 0.04), respectively. Patients receiving an integrated multidisciplinary care model were more satisfied with healthcare than those receiving usual care, whereas there were no clinically relevant improvements in health outcomes.

Title: Inefficacy of ultrasound-guided local injections of autologous conditioned plasma for recent epicondylitis: results of a double-blind placebo-controlled randomized clinical trial with one-year follow-up.

Citation: Rheumatology, Feb 2016, vol. 55, no. 2, p. 279-285, 1462-0332 (February 2016)

Author(s): Montalvan, Bernard, Le Goux, Patrick, Klouche, Shahnaz, Borgel, Delphine, Hardy, Philippe, Breban, Maxime

Abstract: The aim was to assess the efficacy of two intra-tendinous injections of platelet-rich plasma (PRP) on epicondylitis of recent evolution (≤3 months). Our study was a double-blind placebo-controlled randomized trial. Two US-guided injections of either PRP (autologous conditioned plasma) or saline solution were performed with an interval of 4 weeks. The exclusion criterion was previous CS infiltration. Patients were monitored by an independent evaluator blinded to treatment at baseline and 1, 3, 6 and 12 months of follow-up. The primary evaluation criterion was the relative improvement from baseline to 6 months in pain score on visual analog scale (0-10). Secondary criteria were the Roles-Maudsley score and the assessment of pain on isometric contraction of extensor carpi radialis brevis and extensor digitorum communis. Twenty-five patients were randomly assigned to each group. Three patients in each arm dropped out before 6 months. In both groups, the pain score [mean (s.d.)] decreased significantly between two consecutive visits from 6.8 (0.8) (PRP) and 7 (1) (saline) at baseline to 2.5 (1.6) and 1.6 (1.5) (PRP) and to 2.1 (1.6) and 1.8 (2.1) (saline) at 6 and 12 months, respectively. At 6 months, no statistically significant difference was found between groups for relative improvement in pain score [autologous conditioned plasma: -63.2 (22.4%); saline: -69.7 (25.1%); P = 0.24]. No significant difference was found for the secondary criteria. Two US-guided PRP injections for epicondylitis of recent evolution were not more efficacious than saline injections, until 6- and 12-months follow-up.

Title: Infection is the major trigger of hemophagocytic syndrome in adult patients treated with biological therapies.

Citation: Seminars in arthritis and rheumatism, Feb 2016, vol. 45, no. 4, p. 391-399, 1532-866X (February 2016)

Author(s): Brito-Zerón, Pilar, Bosch, Xavier, Pérez-de-Lis, Marta, Pérez-Álvarez, Roberto, Fraile, Guadalupe, Gheitasi, Hoda, Retamozo, Soledad, Bové, Albert, Monclús, Ester, Escoda, Ona, Moreno, Asunción, López-Guillermo, Armando, Khamashta, Munther A, Ramos-Casals, Manuel, BIOGEAS Study Group
Abstract: Hemophagocytic syndromes (hemophagocytic lymphohistiocytosis, HLH) are characterized by a wide range of etiologies, symptoms, and outcomes, but have a common etiopathogenic pathway leading to organ damage: an excessive inflammatory response. Biological therapies have been proposed as a therapeutic option for refractory HLH, but have also been related to the development of HLH in severe immunosuppressed patients. The purpose of this study was to analyze the clinical characteristics and outcomes of adult patients who developed HLH after receiving biological therapies. We identified 30 patients (29 from the PubMed search and one unpublished case), including 19 women and 11 men, with a mean age of 46.5 years. Underlying diseases consisted of rheumatologic/autoimmune diseases in 24 patients and hematological neoplasia in the remaining 6. Biological agents received before the development of HLH were mainly anti-TNF agents (n = 19). Search for microorganisms confirmed systemic infection in 20 (67%) patients, including Mycobacterium tuberculosis (n = 5), cytomegalovirus (CMV) (n = 4), Epstein-Barr virus (EBV) (n = 3), Histoplasma capsulatum (n = 3), Escherichia coli (n = 2), Staphylococcus aureus, Leishmania amastigotes and Brucella melitensis (n = 1, respectively); viral infections were mainly reported in inflammatory bowel disease (IBD) patients. Patients with infections had more frequently received previous immunosuppressive therapies (p = 0.036) and had lower leukocyte counts (p = 0.020) in comparison with patients without associated infections. The outcome was described in 29 patients. After a mean follow-up of 6.3 months, 8 patients died (28%) and 6 had received anti-TNF agents. There was a high mortality rate in patients aged >65 years and those with tuberculosis (62% and 60%, respectively). In patients receiving biological therapies who develop HLH, searching for a concomitant infectious process is mandatory, and specific surveillance for EBV/CMV infections (in patients with IBD) and for bacteria, including mycobacteria (in elderly patients receiving anti-TNF therapy), is recommended. Copyright © 2015 Elsevier Inc. All rights reserved.

Title: Explaining Physical Activity Maintenance After a Theory-Based Intervention Among Patients With Rheumatoid Arthritis: Process Evaluation of a Randomized Controlled Trial.

Citation: Arthritis care & research, Feb 2016, vol. 68, no. 2, p. 203-210, 2151-4658 (February 2016)

Author(s): Knittle, Keegan, De Gucht, Véronique, Hurkmans, Emalie, Vlieland, Thea Vliet, Maes, Stan

Abstract: Regular physical activity (PA) benefits patients with rheumatoid arthritis (RA), particularly when maintained over time. Research in this area has largely focused on factors associated with initiating PA, while factors contributing to PA maintenance, particularly after lifestyle interventions, have received less attention. This study examined whether higher levels of autonomous motivation, self-efficacy for PA, and greater use of self-regulation skills mediated PA initiation and maintenance 6 months after a theory-based motivational interviewing and self-regulation coaching intervention. Seventy-eight individuals with RA were randomized to receive either a patient-education session (control group), or the patient-education session plus 1 motivational interview and 2 self-regulation coaching sessions (treatment group). Mediation analyses examined the effects of this intervention on PA initiation and maintenance through the intermediate variables autonomous motivation, self-efficacy for PA, and use of self-regulation skills. Analyses were controlled for age, sex, and previous levels of PA. The treatment group reported significantly higher autonomous motivation and greater use of self-regulation skills than controls at posttreatment. Increases in PA from baseline to posttreatment were not mediated by any intermediate variables. However, maintenance of PA from posttreatment to followup (6 months later) was mediated by greater autonomous motivation and use of self-regulation skills. Greater autonomous motivation and use of self-regulation skills predict maintenance of PA following a motivational interviewing and self-regulation coaching intervention. In promoting PA among patients with RA, supporting patient autonomy and teaching self-regulation skills, which focus attention on achieving PA goals, may improve long-term maintenance of PA.
Title: Radiographic Progression of Patients With Psoriatic Arthritis Who Achieve Minimal Disease Activity in Response to Golimumab Therapy: Results Through 5 Years of a Randomized, Placebo-Controlled Study.

Citation: Arthritis care & research, Feb 2016, vol. 68, no. 2, p. 267-274, 2151-4658 (February 2016)

Author(s): Kavanaugh, Arthur, van der Heijde, Désirée, Beutler, Anna, Gladman, Dafna, Mease, Philip, Krueger, Gerald G, McInnes, Iain B, Helliwell, Philip, Coates, Laura C, Xu, Stephen

Abstract: To evaluate long-term outcomes in psoriatic arthritis (PsA) patients who achieved or did not achieve minimal disease activity (MDA) through 5 years of golimumab treatment in the GO-REVEAL trial. The GO-REVEAL trial was a phase III, randomized, double-blind trial with placebo-control through week 24 followed by an open-label extension of golimumab 50/100 mg treatment up to 5 years. In these post-hoc analyses, MDA was defined by the presence of ≥5 of 7 PsA outcome measures (≤1 swollen joint, ≤1 tender joint, Psoriasis Area and Severity Index [PASI] ≤1, patient pain score ≤15, patient global disease activity score ≤20 [range 0-100], Health Assessment Questionnaire disability index [HAQ DI] ≤0.5, and ≤1 tender enthesis point). Treatment with golimumab yielded significantly higher MDA response rates versus patients randomized to placebo at week 14 (23.5% versus 1.0%; P < 0.0001), week 24 (28.1% versus 7.7%; P < 0.0001), and week 52 (42.4% versus 30.2%; P = 0.037). MDA was achieved at least once by ∼50% of golimumab-treated patients overall. Irrespective of treatment randomization, achievement of MDA at ≥3 and ≥4 consecutive visits was associated with significantly less radiographic progression and more improvement in MDA components allowing specific assessment of physical function (HAQ DI) and overall disease activity (patient global assessment of disease activity) at week 256 versus patients not achieving MDA. Logistic regression analyses indicated that a 1-unit higher baseline HAQ DI score yielded a significantly lower likelihood of achieving MDA at ≥3 (odds ratio 0.514 [95% confidence interval 0.321-0.824]; P = 0.006) and ≥4 (odds ratio 0.480 [95% confidence interval 0.290-0.795]; P = 0.004) consecutive visits. Among golimumab-treated PsA patients, better long-term functional improvement, patient global assessment, and radiographic outcomes were observed when patients achieved persistent MDA. © 2016 The Authors. Arthritis Care & Research published by Wiley Periodicals, Inc. on behalf of the American College of Rheumatology.

Title: Tumour necrosis factor-α inhibitors for ankylosing spondylitis and non-radiographic axial spondyloarthritis: a systematic review and economic evaluation.

Citation: Health technology assessment (Winchester, England), Feb 2016, vol. 20, no. 9, p. 1-334, 2046-4924 (February 2016)

Author(s): Corbett, Mark, Soares, Marta, Jhuti, Gurleen, Rice, Stephen, Spackman, Eldon, Sideris, Eleftherios, Moe-Byrne, Thirimon, Fox, Dave, Marzo-Ortega, Helena, Kay, Lesley, Woolacott, Nerys, Palmer, Stephen

Abstract: Tumour necrosis factor (TNF)-α inhibitors (anti-TNFs) are typically used when the inflammatory rheumatologic diseases ankylosing spondylitis (AS) and non-radiographic axial spondyloarthritis (nr-AxSpA) have not responded adequately to conventional therapy. Current National Institute for Health and Care Excellence (NICE) guidance recommends treatment with adalimumab, etanercept and golimumab in adults with active (severe) AS only if certain criteria are fulfilled but it does not recommend infliximab for AS. Anti-TNFs for patients with nr-AxSpA have not previously been appraised by NICE. To determine the clinical effectiveness, safety and cost-effectiveness within the NHS of adalimumab, certolizumab pegol, etanercept, golimumab and
infliximab, within their licensed indications, for the treatment of severe active AS or severe nr-AxSpA (but with objective signs of inflammation) [...]
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