

Rheumatology News

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The shoulder of an arthritis patient is shown on radiograph and afterward (right) with the prosthetic joint implanted.

Shoulder Replacement Arthritis Restores

BY SHARON WOODS-TYER

FROM A SYMPOSIUM SPONSORED BY THE AMERICAN COLLEGE OF RHEUMATOLOGY

CHICAGO – Total shoulder arthroplasty is increasingly providing patients who suffer from arthritis-related shoulder pain and disability with a viable and successful treatment option. Replacement of the joint is particularly effective in those who have severe shoulder pain related to osteoarthritis (OA) causing difficulty with activities of daily living. The surgery can also be of benefit in those with rheumatoid arthritis (RA). Dr. Matthew Saklatvala said at the symposium.



Ask the Expert: Dr. David R.W. Jayne discusses how to manage lupus patients who develop associated nephritis. Their care must be undertaken in the absence of compelling clinical evidence that any one treatment is both safe and effective. 4

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Translational activity cannot be forced, said Dr. Iain McInnes, and requires collaboration and curiosity as its key elements.

Therapeutic Advances All in the Translation

BY DIANA MAHONEY

Translational medicine in rheumatology has benefited from unaging, but successful bridge-building efforts that facilitate mutually beneficial research relationships between basic scientists and clinicians working toward a common goal, and lately the fruits of such efforts have led to ground-breaking drug discoveries and therapeutic advances.

For rheumatology in particular, because the discipline encompasses multiple organ systems and diverse pathology, such translational research is critical for gaining an understanding of the complexities of the immune system and disease mechanisms and developing and testing treatment strategies, according to Dr. Iain McInnes, professor of experimental medicine and rheumatology at the University of Glasgow (Scotland). "It's a simple concept, really. It's the idea that we might understand

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Should Ultrasound Guide Therapy in Juvenile Idiopathic Arthritis?

Sonography is said to immediately improve diagnosis.

BY JENNIE SMITH

FROM THE 14TH EUROPEAN PEDIATRIC RHEUMATOLOGY CONGRESS

BRUGES, BELGIUM – Should children whose juvenile idiopathic arthritis has been diagnosed by ultrasound be treated as aggressively as those whose disease is diagnosed clinically?

Researchers presenting last week at the congress offered both cautious and enthusiastic perspectives on musculoskeletal ultrasound, the use of which has become ubiquitous in pediatric rheumatology.

Whereas the research eventually comes down on whether routine musculoskeletal ultrasound in children, that pediatric rheumatologists seem to have embraced enthusiastically beyond doubt.

Dr. Silvia Magri-Mansoni, of Fondazione San Matteo in Pavia, Italy, presented results from a recent Europe-wide survey that showed that ultrasound is now being used by more than 98% of pediatric rheumatologists in their practices, with 4% of them using the technology frequently (Pediatr Rheumatol. 2011;Suppl. 11P47), according to Dr. Magri-Mansoni, who conducted the survey with her associates.

That 10-question survey of

nearly 400 pediatric rheumatologists achieved a 24% response rate, with answers from 37 countries. The investigators collected information about current use in daily practice, the clinical relevance of ultrasound, and areas for prospective development.

Nearly three-quarters of respondents said that ultrasound allowed for the immediate improvement of diagnosis of joint and soft tissue disease, and 70% said they considered ultrasound important for diagnosis, therapy monitoring, and research.

However, Dr. Magri-Mansoni further cautioned about using ultrasound to predict the course of disease and make treatment recommendations in juvenile idiopathic arthritis (JIA).

Ultrasound diagnoses have led to the reclassification of JIA patients disease subtypes; for example, patients considered by clinical exam to be oligoarthritic have been reclassified as polyarthritic after ultrasound. "Clinical and ultrasound examinations show different sensitivity in detecting synovitis, especially for peripheral joints," she noted.

Last fall, Dr. Magri-Mansoni presented findings at the annual meeting of the American College of Rheumatology that showed how pronounced

the discrepancy between clinical and ultrasound-detected synovitis can be. Looking at 28 consecutive JIA patients (Arthritis Rheum. 2010;Suppl. 101222), determined by clinical exam to be in remission, Dr. Magri-Mansoni and colleagues found synovial hyperplasia in 75% of those patients following immediate referral for ultrasound examination.

But the decision to treat earlier or more aggressively in patients with ultrasound-detected symptoms depends on whether the ultrasound-detected synovitis joint effusion, or synovial hyperplasia will ultimately translate into disease flares, she said.

Dr. Magri-Mansoni said that her team has been exploring the question, following 19 consecutive JIA patients who had been diagnosed at baseline with clinically inactive disease, but after a separate ultrasound exam were found to have subclinical symptoms.

After 2 years' follow-up, Dr. Magri-Mansoni and colleagues found that subclinical, ultrasound-detected synovitis findings were not predictive of disease flares. More than 60% of the study subjects still had clinically inactive disease.

In the serum of over 90% of children who responded to methotrexate, 10

No gain, as gain turns out to be true, judging from findings of a Norwegian study showing that healthy subjects who underwent knee injections of pathologic saline before riding a stationary exercise bicycle built greater muscle mass than did their pain-free controls. 11

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JULY/AUGUST 2011

Trial Designs Lack Active

Tor Regimens

Agent should be TNF inhibitor.



In intercept studies, patients remained on a drug they had already failed, Dr. Aaron Justice said.

Intercept studies, patients remained on a drug they had already failed, Dr. Aaron Justice said. He would not adequately respond to immunosuppressive drugs were randomly assigned to either an experimental condition under which they received the new substance, or to a commonly used condition under which they received their formerly sufficient treatment but in a new

To more specifically assess the scope of the problem, he and his associates reviewed 17 recent, published clinical trials that show a documented safety and efficacy of three new drugs, abatacept, golimumab, and secukinumab, to the European Medicines Agency

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See Active Comparative page 9

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Sept/Oct	September 27	October 4
Nov/Dec	November 20	November 30

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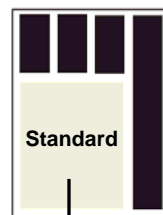
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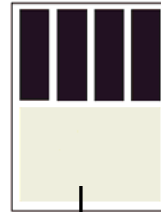
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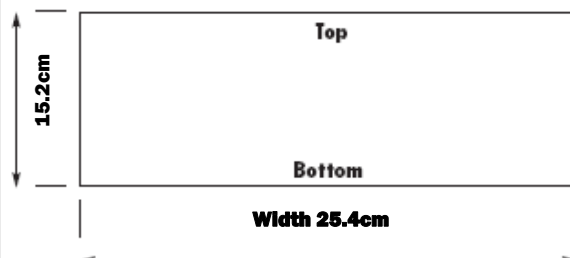
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