New Lupus Drugs Remain Elusive After 50 Years

By Nancy Walsh

FORT LAUDERDALE, Fla. — In spite of years of effort and years of disappointment, the lupus community is not giving up on finding new therapies to treat the disease.

“In my opinion, patients with rheumatologic disease who have a community of physicians who take these things, but I don’t see them,” said Dr. Daniel Edmondowicz, director of preventive cardiology at the University of Pittsburgh Medical Center’s Cardiovascular Institute.

“CHD risk equivalent” is the designation given by the National Cholesterol Education Program (NCEP) to patients with diabetes and conditions such as peripheral artery disease that have a high prevalence of CAD events such as fatal and nonfatal myocardial infarction. Currently, NCEP’s acute care guidelines suggest that patients who are CHD risk equivalents be treated aggressively with regard to their risk factors such as cholesterol.

“In my opinion, patients with rheumatologic diseases should be considered CHD risk equivalents,” said Dr. Edmondowicz, said at a meeting sponsored by Rheumatology News and Skin Disease Education Foundation.

“For the past 20 years, we have demonstrated that statin therapy is safe, and now we are effective and inexpensive generic lipid-lowering drugs. With a 40 mg dose of simvastatin you can get at most a 40% reduction in LDL,” he said.

But with aggressive statin therapy it is important to realize that titration of the doses may be required and that dose reduction can be very beneficial, he said. “You can’t forget these things,” he said. “Atherosclerosis is killing our patients. The charge to a community of physicians who take care of very-high-risk patients is yours as not to leave it to the other guy.”

Dr. Edmondowicz disclosed that he is a consultant to GNC, Merck & Co., Schering Plough, and Takeda. SDEF and this news organization are owned by Elsevier.

Dyslipidemia Common in Patients With Lupus and RA

By Nancy Walsh

FORT LAUDERDALE, Fla. — Patients with systemic lupus erythematosus and rheumatoid arthritis should be considered in a cardiovascular risk category equivalent to that of patients with diabetes, with aggressive management of risk factors, particularly dyslipidemia, according to expert opinion.

It is not yet clear whether the increased incidence of coronary artery disease (CAD) in patients with lupus and rheumatoid arthritis (RA) is a result of rheumatic factors that drive the atherosclerotic process or if risk factors in the milieu of rheumatic disease cause patients to be more vulnerable, Dr. Daniel Edmondowicz said.

“But in any case, the process is driven by dyslipidemia,” he said.

We are born with LDL cholesterol levels skewed to the right, and a lab result that says you are normal at 130 mg/dL is wrong—that’s average but it’s abnormal for homo sapiens, and if you are vulnerable you are in trouble,” he said. Because of this vulnerability, “many of us feel that patients with rheumatologic diseases should be considered CHD risk equivalents,” said Dr. Edmondowicz, director of preventive cardiology at the University of Pittsburgh Medical Center’s Cardiovascular Institute.

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We’re all got very excited about [mycophenolate mofetil] when the first study came out in 2000.

DR. MANZI

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