Infliximab Reduces RF Titers, but Doesn’t Affect Anti-CCP

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BUDAPEST, HUNGARY — While infliximab therapy for the treatment of rheumatoid arthritis lowers rheumatoid factor titers, the biologic appears to have little effect on another increasingly relevant marker of disease activity: anticyclic citrullinated peptide antibodies, Nathalie Bardin, M.D., said at the 45th International Congress on Autoimmunity.

"The long-term effect of infliximab therapy appears to lead to a reduction in rheumatoid factor titers and the induction of IgG anti-double-stranded DNA (anti-dsDNA)," said Dr. Bardin, Hospital de la Conception, Marseille, France.

In a study of 33 rheumatoid arthritis (RA) patients, 20 treated with infliximab (Remicade), 13 untreated, and 20 controls with an undetermined arthritis, the researchers measured levels of anti-CCP anti-dsDNA antibodies, and IgM rheumatoid factor (RF).

Anti-CCP antibodies were identified in 70% of RA patients, regardless of treatment, but only 10% of those with undetected arthritis. RF was found in 60% of RA patients but only 16% of the controls.

The frequency of RF was 59% in treated patients compared with 69% in untreated patients.

Dr. Bardin also followed 16 RA patients over 2 years of infliximab therapy. No change in anti-CCP level was found, but there was a drop in RF titer, she said. "IgG anti-dsDNA was only detected in patients treated with infliximab.

Because of its high specificity and sensitivity, anti-CCP antibody testing is increasingly seen as an important marker of disease activity in RA patients.

In a study of 54 patients with early RA, 35 patients with established RA, 94 healthy donors, and 76 patients with non-RA autoimmune diseases, researchers at the University of Florence (Italy) confirmed that "the presence of anti-CCP antibodies is specific to the diagnosis of RA and is also an indicator of bone lesions" (Autoimmunity 2004;37:495-511).

Hematological Effects

Anemia is seen in some patients receiving Mobic. This may be due to fluid retention, GI fluid loss, or anemia associated with an increased blood volume. Anemia may also be due to decreased blood volume resulting from hypovolemia or hypotension, or to increased blood loss due to GI bleeding.

Patients should be observed for signs of anemia. If anemia occurs, a patient should be monitored for signs of hypotension or hypovolemia. If anemia worsens, it should be treated with a transfusion of packed red blood cells.

Hypotension and/or syncope is possible due to hypovolemia or hypotension. Therefore, patients should be monitored for signs of hypotension and/or syncope, including dizziness, lightheadedness, syncope, and signs of fluid retention, hypovolemia, or hypotension.

Seizures have been reported in patients with a history of seizures or a prior history of seizures in a family member. If a patient develops seizures while taking Mobic, it should be discontinued and appropriate diagnostic tests should be performed.