**Review Shows Anti-TNF Treatment Is Best in AS**

**By Nancy Walsh**

**New York Bureau**

BIRMINGHAM, ENGLAND — Tumor necrosis factor antagonists are the most effective treatment available for ankylosing spondylitis, according to the results of a systematic review of randomized placebo-controlled trials comparing the biologics with conventional drugs.

Prior to the introduction of biologic agents, treatment for ankylosing spondylitis (AS) was largely limited to physiotherapy and nonsteroidal anti-inflammatory drugs (NSAIDs). Other drugs such as methotrexate and sulfasalazine have not shown the same efficacy for ankylosing spondylitis as they have for rheumatoid arthritis, Sarah Levy, M.D., said at the joint meeting of the British Society for Rheumatology and the German Society for Rheumatology.

From a search on Medline and Embase, Dr. Levy and her associates at University Hospital Lewisham, London, identified 14 trials of pharmacologic management of AS, 9 of the trials were of adequate quality and produced data that were comparable across all studies, she said. Two of the studies evaluated NSAIDs, three evaluated sulfasalazine, and four evaluated TNF-blocking agents.

Spinal pain visual analog scale scores were available for all treatments, but the Bath Ankylosing Spondylitis Functional Index (BASFI) was available only for NSAIDs and anti-TNF-α treatment, said Dr. Levy, a rheumatologist at the hospital.

Treatment with NSAIDs and sulfasalazine did show significant benefit in BASFI and spinal pain, but the effect sizes were small. (See box.) Most of the effect of treatment with sulfasalazine was seen in patients with both axial and peripheral disease, rather than in those with axial disease alone. In contrast, anti-TNF-α treatment showed highly significant benefits and the largest effect size on both BASFI and spinal pain scores, she said in a poster session.

Four trials evaluating physical exercise regimens also were identified and showed no benefit in spinal pain scale scores compared with placebo.

**Etanercept Shows Sustained Benefit for Psoriatic Arthritis**

**New Orleans** — Psoriatic arthritis patients receiving etanercept reported sustained clinical benefits for up to 2 years, according to data from an open-label extension study.

Patients treated with the drug reported inhibition of disease as well as significant improvements in physical functioning and quality of life, Philip J. Mease, M.D., reported at the annual meeting of the American Academy of Dermatology.

After an initial 24-week blinded phase of the study and a maintenance phase of up to 24 weeks, during which patients were kept on their blinded drug, 169 patients received 25 mg of etanercept (Enbrel) twice weekly for up to 2 years, according to data from an open-label extension study. The first to present results of a preliminary study at the combined annual meeting of the Central Society for Clinical Research and the Midwestern Section of the American Federation for Medical Research.

The investigation, led by Susan A. Leonard, M.D., of the University of Minnesota, Minneapolis, was the first to describe an association between nephrolithiasis and spondyloarthritis since a Croatian study that was published more than 30 years ago (Reumatizam 1973;20:106-10), according to Hollis E. Krug, M.D., who presented the latest data in a poster session at the meeting.

In their retrospective cohort study of 44 patients with spondyloarthritis and 51 controls with RA undergoing treatment at the Minneapolis Veterans Affairs Medical Center, the Minnesota-based researchers found a statistically significant greater prevalence of renal calculi in patients with ankylosing spondylitis compared with those with RA (38.6% versus 15.7%).

“There didn’t seem to be a higher rate of coexistent disease in spondyloarthritics patients that could increase the risk for renal stones,” Dr. Krug said. However, medication use at diagnosis of nephrolithiasis was not documented in the patients’ charts, and that may have played a role in formation of kidney stones, she told this newspaper.

The Minneapolis group plans to study more patients in an attempt to explain the reason for this association.

—Kathleen Louden

**Mean Response to Low-Dose Infliximab in AS Patients**

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Baseline (n = 12)</th>
<th>3 Months (n = 12)</th>
<th>6 Months (n = 9)</th>
<th>12 Months (n = 8)</th>
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<tbody>
<tr>
<td>Bath AS Disease Activity Index</td>
<td>6.17</td>
<td>3.03</td>
<td>2.08</td>
<td>1.88</td>
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<tr>
<td>Bath AS Functional Index</td>
<td>6.31</td>
<td>3.61</td>
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<td>2.56</td>
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<td>Bath AS Metrology Index</td>
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<td>3.67</td>
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<td>Erythrocyte sedimentation rate</td>
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<td>11.22 mg/L</td>
<td>9.22 mg/L</td>
<td>14.14 mg/L</td>
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<tr>
<td>C-reactive protein</td>
<td>27.90 mm/hr</td>
<td>7.36 mm/hr</td>
<td>8.66 mm/hr</td>
<td>9.85 mm/hr</td>
</tr>
</tbody>
</table>

Source: Dr. Jois

**Ankylosing Spondylitis: Risk for Renal Stones**

CHICAGO — Renal stones are more prevalent in ankylosing spondylitis patients than in those with rheumatoid arthritis, according to the results of a preliminary study presented at the combined annual meeting of the Central Society for Clinical Research and the Midwestern Section of the American Federation for Medical Research.

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