Weight Loss Helps Modify Cartilage Structure

**Osteoarthritis Patients Are at Substantial Cardiovascular Risk**

**FROM THE ANNUAL EUROPEAN CONGRESS OF RHEUMATOLOGY**

Rome — Cardiovascular risk profiles in osteoarthritis patients are, on average, comparable to those in patients with rheumatoid arthritis, according to a Dutch study.

In recent years, much attention has been focused on the elevated risk of cardiovascular events in patients with rheumatoid arthritis due to their increased prevalence of the standard cardiovascular risk factors coupled with a further boost in risk resulting from the chronic systemic inflammatory disease process. The cardiovascular risk associated with osteoarthritis has received far less attention, Dr. Inger Meek said.

She determined the cardiovascular risk profiles of 285 consecutive rheumatoid arthritis patients and 112 consecutive osteoarthritis patients using the SCORE (Systematic Coronary Risk Evaluation) system, which is routinely employed in Europe in lieu of the Framingham risk score. The two groups were similar in terms of mean age and sex. The mean disease duration of the rheumatoid arthritis patients was 6.8 years.

In all, 18% of the osteoarthritis patients had a greater-than-10% estimated 10-year risk of a fatal cardiovascular event by SCORE, as did 15% of rheumatoid arthritis patients, according to Dr. Meek of the University of Twente in Enschede, the Netherlands.

Hypercholesterolemia was significantly more prevalent in the osteoarthritis patients (49%) than in the rheumatoid arthritis patients (29%).

The two groups did not differ significantly in terms of the other elements of SCORE (smoking status, systolic blood pressure, age, and sex). The SCORE system, developed by the European Society of Cardiology, is based upon 3 million person-years of observation, and doesn’t factor in body mass index, Dr. Meek noted. The prevalence of diabetes is greatly increased in osteoarthritis patients. Thus, SCORE likely underestimates their cardiovascular mortality risk.

Recent evidence-based recommendations by the European League Against Rheumatism advise physicians to apply a 1.5 multiplication factor to the conventional cardiovascular mortality risk SCORE in rheumatoid arthritis patients who meet two of three criteria: disease duration greater than 10 years, rheumatoid factor or anti–cyclic citrullinated peptide positivity, or extra-articular disease manifestations (Ann. Rheum. Dis. 2010;69:325-31). This is designed to account for the heightened cardiovascular risk imposed by a high degree of systemic inflammation.

The high percentage of osteoarthritis patients in this study with a greater-than-10% estimated likelihood of cardiovascular death within 10 years is of concern, Dr. Meek stressed, because the prevalence of osteoarthritis is expected to mushroom as a result of the graying of the baby boom generation.

Dr. Johannes W.J. Bijlsma of the University Medical Center in Utrecht (the Netherlands) commented that the take-home message of Dr. Meek’s study is that physicians need to be aware that not only rheumatoid arthritis patients but also osteoarthritis patients are at increased cardiovascular risk.

**Disclosures:** Dr. Meek declared that she had no financial conflicts.

**Oral Tasocitinib Shows Continued Promise in RA**

**FROM THE ANNUAL EUROPEAN CONGRESS OF RHEUMATOLOGY**

Rome — The investigation oral Janus kinase 3 inhibitor tasocitinib, in combination with methotrexate, showed impressive dose-dependent efficacy for rheumatoid arthritis in a phase II study.

If the results of the ongoing phase III trials are positive, tasocitinib could become the first JAK3 inhibitor licensed for a nononcology indication, and the first new oral disease-modifying antirheumatic drug for RA in more than a decade.

In the phase II RA study presented by Dr. Yoshiya Tanaka, 136 patients with active disease (defined as six or more tender and swollen joints and a C-reactive protein level greater than 7 mg/dL) despite standard-dose methotrexate were randomized to add-on oral tasocitinib at 1, 3, 5, and 10 mg b.i.d. The composite ACR20 double-blind fashion for 12 weeks.

Tasocitinib demonstrated a rapid, strong effect; significant benefit was seen within the first week, noted Dr. Tanaka, chief of internal medicine at the University of Occupational and Environmental Health in Kitakyushu, Japan.

In patients with a lower base-