Febuxostat Tied to Hypersensitivity Reactions

Reports include two cases of Stevens-Johnson syndrome.

BY M. ALEXANDER OTTO

Febuxostat just as carefully as he does allopurinol. As with allopurinol, he starts patients on a low dose and titrates up slowly, monitoring for tolerability and also to ensure that uric acid levels aren’t dropped too precipitously, which can trigger gout attacks.

With both drugs, Dr. Mandell said that he tells patients to stop taking them if they develop a rash or any other hypersensitivity reaction symptoms, and to call him.

The treatment goal is to reduce the serum uric acid level to 6 mg/dL, with ongoing labs to ensure that it’s reached.

He hasn’t had a hypersensitivity reaction with febuxostat, “but my ‘r’ is 9,” he said in his presentation.

Although the lowest-dose febuxostat pill is 40 mg, he starts patients at 20 mg.

“Weighing all the evidence, I use febuxostat first, then allopurinol,” he said.

Disclosures: Dr. Mandell disclosed that he is an advisor to Takeda and URL Pharma Inc., and he was a clinical investigator for Savient Pharmaceuticals Inc.

Resistance Exercise May Preserve Muscle Mass in Arthritis

BY M. ALEXANDER OTTO

Resistant muscle may promote sedentary lifestyles, waste muscles, and RA-associated disability, according to Dr. Joan M. Bathon. The Rheumatology seminar that was sponsored by UCLA.

Resistant exercise may preserve muscle mass in arthritis.

A seemingly fit patient with well-controlled rheumatoid arthritis and a normal body mass index may still have a number of heart disease risk factors.

Appendicular fat correlates with disability, and visceral fat correlates with coronary artery disease, the leading killer of patients with RA, she said.

When patients have well-controlled RA, their high C-reactive protein levels might be coming not from the inflamed joints, but rather from fat deposits, and might signal an increased risk of coronary artery disease.

Dr. Bathon reported supportive data from a published study.

She and her colleagues performed anthropomorphic measurements and dual-energy x-ray absorptiometry (DXA) scanning to assess fat:muscle ratio in 72 men and 117 women with RA and moderate disability. A single CT image of the abdomen in the axial plane was used to assess the amount of visceral fat. The subjects were then matched with 189 healthy controls.

Compared with the healthy controls, women with rheumatoid arthritis who had BMIs below 25 kg/m² or between 25 and 30 were more likely than controls to have sarcopenic obesity (defined as too little muscle and too much fat). The men with RA had increased levels of visceral fat.

Abnormal body composition was associated with increases in joint deformity, self-reported disability scores, C-reactive protein levels, rheumatoid factor seropositivity, and a lack of current treatment with disease-modifying antirheumatic drugs (Arthritis Rheum. 2008;59:807-15).

Disclosures: Dr. Bathon said that she had no relevant conflicts.