Abatacept’s Benefits Greater in Early RA Patients

BY NANCY WALSH
New York Bureau

PARIS — Patients with early rheumatoid arthritis had greater improvements with abatacept treatment than did those with longstanding disease, according to a new post hoc analysis of two clinical trials.

In the first report of the efficacy of this selective T-cell costimulation inhibitor in patients whose disease duration is 2 years or less and who have an inadequate response to methotrexate but are biologically naive, almost half were in disease remission at year 3, according to Dr. Yusuf Yazici.

This study included 462 patients from both a phase II trial and a double-blind placebo controlled trial who had been randomized to receive abatacept 10 mg/kg once monthly and who had entered a long-term extension phase, with assessments at years 1 and 3. Patients’ mean age was 55 years, 76% were female, and 82% were rheumatoid factor positive. Mean disease activity score 28 (DAS28) was 6.4, health assessment questionnaire (HAQ) was 1.5, and C-reactive protein (CRP) was 3.2 mg/dL.

Among the entire cohort, 25% of the patients were in DAS28 remission at year 1, as were 36% at year 3, said Dr. Yazici of New York University, and director of the Selimgan Center for Advanced Therapeutics, NYU Hospital for Joint Diseases, New York.

A total of 108 patients had early disease, while 139 had long-standing disease. A comparison of these groups showed that 46% of those with early disease were in remission at year 3, compared with 31% of those with longstanding disease, Dr. Yusuf Yazici said at the annual European Congress of Rheumatology.

Remission rates were also significantly better for the early disease group at year 1 and year 3, as were ACR 70 rates. Moreover, among the early disease group, significantly more patients had clinically meaningful improvements in their HAQ scores. (See box.)

Researchers found data supporting the benefit of custom foot orthotics for some.

Knee Replacement Improves Function in Obese OA Patients

BY JONATHAN GARDNER
London Bureau

Obese patients with osteoarthritis experience greater gains in physical function 7 years after undergoing total knee arthroplasty than do obese controls who did not have the surgery, according to an English study.

Based on the results of this study of 688 patients, there is no justification to withhold knee replacements from obese patients on the grounds that obesity is a risk factor for osteoarthritis, the investigators wrote (Ann. Rheum. Dis. 2008 July 24 doi:10.1136/ard.2008.091229).

In a subgroup of 108 obese patients (body mass index greater than or equal to 30 kg/m²) who underwent total knee arthroplasty (TKA), the median physical function score on the Short Form-36 Health Survey improved from 17 points at baseline to 20 points at a median 7-year follow-up. By comparison, 36 obese controls who did not have TKA saw their physical function scores decline from a median of 61 to 52 points.

Our results build on those of earlier investigations in indicating that improvements in physical function following [TKA] for osteoarthritis are sustained,” wrote Janet Cushnaghan of the University of Southampton, England, and her associates. “These benefits extend to obese patients and, provided appropriate selection criteria are applied with regard to fitness for surgery, there seems no justification for withholding TKA from patients who are obese.”

The researchers studied patients and controls aged 45 and older who had taken part in an earlier case-control study of knee osteoarthritis. That study compared patients placed on a waiting list for TKA between 1995 and 1997 with controls in the community. Functional status and BMI were measured as part of data collection.

During 2001-2004, the authors wrote to the original study group with a questionnaire about their surgery and included the functional status sections of the SF-36 form. A total of 345 patients and 363 controls were included in this analysis.

Overall, at a mean follow-up of 7 years, median physical function scores in patients who underwent TKA improved from 20 to 26; scores in controls fell from 89 to 75.

Mental health scores on the SF-36 form improved equally in both groups. Vitality scores declined in both groups, but the decline was greater in patients than in controls (a loss of 10 points compared with a loss of 5 points).

Of 82 patients older than age 75 at baseline, the median physical function score stayed steady at 17 points; scores declined from 81 to 41 points in 87 controls in that age group.

The researchers said their findings might have been biased by migration, although subjects were as likely to have moved, demonstrating greater function, as to have entered nursing care, demonstrating poorer function.

They also noted that might have been undetected in the controls at baseline, which would have biased their findings in favor of the intervention group.

They noted, however, that the long follow-up and size of the study suggest that their findings are valid.