Metabolic Disorders May Link Diabetes, Morphea

BY NANCY WALSH
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ABANO TERME, ITALY — The unexpected finding of increased rates of diabetes in patients with morphea suggests that metabolic factors may be involved in triggering the condition, Dr. Christiane Pfeiffer reported in a poster session at a congress on skin, rheumatism, and autoimmunity.

Several etiologic factors have been reported, though inconsistently, for morphea. Infection, particularly with Borrelia burgdorferi, has been suggested as a trigger, as have vaccination and trauma. But a questionnaire survey of 113 patients seeking care at a university-based dermatology department in Saxony, Germany, found twice the prevalence of diabetes in patients with morphea, compared with the normal population in the district. (See box.) This finding has not previously been reported for morphea, or cutaneous scleroderma, and the association may involve the effects of nonenzymatic glycosylation of extracellular matrix components in diabetes, she said.

Moreover, obesity was not implicated, because the increase in diabetes was seen even though body mass index did not significantly differ in morphea patients than in age- and sex-matched controls, said Dr. Pfeiffer of the department of dermatology, University Hospital, Dresden, Germany.

Analysis of responses to questionnaires filled out by patients also revealed that the number of plaques correlated with the severity of disease and extracutaneous involvement.

In patients with five or more lesions, arthralgias were reported by 23.9% of the patients, myalgia by 15.2%, contractures by 10.9%, and esophageal dysmotility by 6.5%. In those with fewer than five lesions, the same complications were reported by 7.1%, 9.5%, 2.4%, and 2.4% of patients, respectively, she said. High numbers of lesions also correlated with increases in erythrocyte sedimentation rate and C-reactive protein levels.

A total of 78% of patients had the plaque variant of morphea, with the rest having the guttate variant, idiopathic atrophoderma of Pasini and Pierini, linear scleroderma, and profound scleroderma. In patients with all variants of morphea, lesions were found on the trunk in 81%, whereas only 8 patients had facial lesions.Overlap syndromes also were reported; 8 patients had morphea and lichen sclerosus et atrophicus; and two had morphea with eosinophilic fasciitis.

“Our data also suggest the existence of variant-specific organ involvement in morphea,” Dr. Pfeiffer said. Arthralgias were reported by 40% of patients with atrophoderma Pasini and Pierini, while linear scleroderma was associated with the presence of antimicrobial antibodies, muscular atrophy, and contractures.

In patients with profound scleroderma, 45% had myalgia and myopathy. There were no increases in Raynaud symptoms, carpal tunnel syndrome, or lung disorders in patients with any of the variants, she said.

Paget’s Patients Develop Resistance to Pamidronate

BY MIRIAM E. TUCKER
Senior Writer

FORT LAUDERDALE, Fla. — Reduced responsiveness to repeat bisphosphonate treatment in patients with Paget’s disease of bone appears to be limited to pamidronate and may not be a problem with the newer, more potent agents now available, said Dr. Papapoulos, professor of medicine and director of bone and mineral research at Leiden (the Netherlands) University Medical Center.

For most patients with Paget’s disease of bone, short courses of bisphosphonate treatment typically result in remissions of 2 years or longer, and recurrences usually respond well to a new course of treatment. However, there have been reports of reduced responsiveness on repeat treatment. This so-called acquired resistance is characterized by a decrease in the magnitude of response, a need for higher doses to achieve the same response, and a shortened remission period compared with the initial treatment, he explained.

Previous literature on the subject has been confusing, particularly in the way responsiveness is measured. Some consider fractional decreases in serum alkaline phosphatase (AP) to be indicative of responsiveness, which is not valid because those values will almost always be lower on retreatment than at baseline, he said, adding that absolute serum AP values should be reported in order to assess the phenomenon of resistance.

To examine this issue, Dr. Papapoulos and his associates reviewed the records of 205 Paget’s disease patients who had received two or more consecutive courses (up to nine courses) of either pamidronate or olpadronate. They received a total of 867 treatment courses with a mean follow-up per treatment of 29 months.

Overall, there was no difference in responsiveness—defined as a progressive increase in serum AP—after initial versus subsequent treatment, nor was there a shorter period of remission following treatment. However, when the patients who had received only pamidronate were examined separately, there was a trend toward reduced responsiveness with pamidronate.

When the pamidronate patients were divided into those who had three or more affected bones versus those with two or fewer affected bones, the trend was seen only among those with more extensive disease. This body mass index was consistent with previous reports of acquired resistance to pamidronate in patients with extensive Paget’s disease, Dr. Papapoulos noted.

Duration of Bisphosphonate Therapy Frequently Extended in Paget’s Disease

BY MIRIAM E. TUCKER
Senior Writer

FT. LAUDERDALE, Fla. — Bisphosphonate treatment is often extended beyond the duration recommended by the label in patients with Paget’s disease of bone, Mohamed Omar, Ph.D., and his associates reported in a poster at a meeting sponsored by the Paget Foundation for Paget’s Disease of Bone and Related Disorders.

Paget’s disease is the second most common bone disorder among elderly persons, after osteoporosis; about 70%-90% of patients are asymptomatic and diagnoses are typically made from incidental findings of elevated lab values or radiographic abnormalities. Bisphosphonates are the standard treatment, said Dr. Omar, of Novartis Pharmaceuticals Corp, East Hanover, N.J., and his associates.

For patients diagnosed with the disease, risendronate is recommended for 6 months. After the recommended treatment course, patients should be evaluated to determine whether they need retreatment or inappropriate prescribing, he said.

Among the patients with additional use, those taking etidronate had the highest number of mean incremental days’ supply (143), followed by risedronate (142), and alendronate (139). Incremental costs of those additional supplies were $955 for those on etidronate, $2,697 for risendronate, and $824 for alendronate, Dr. Omar noted. It’s not clear whether increased use of drug therapy reflected a true need for retreatment or inappropriate prescribing, he said.

Novartis is the maker of zoledronic acid, a bisphosphonate under consideration by the Food and Drug Administration for the treatment of Paget’s disease.