

# TNF Inhibitors May Slow Alzheimer's in RA

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FROM THE ANNUAL MEETING OF THE  
AMERICAN COLLEGE OF RHEUMATOLOGY

ATLANTA – Use of tumor necrosis factor inhibitors was associated with a lower rate of Alzheimer's disease in patients with rheumatoid arthritis.

The finding was seen in a nested case-control study. TNF blockers were associated with a 55% reduction in the risk of

incident Alzheimer's dementia after adjustment for the presence of known potential risk factors for vascular dementia, including hypertension, hyperlipidemia, diabetes, peripheral vascular disease, and coronary artery disease, said Dr. Richard C. Chou of Dartmouth-Hitchcock Medical Center in Milton, Mass.

Dr. Chou and his colleagues identified 41,109 patients with RA in a commercially insured cohort of 8.5 million adults.

Among the RA patients, 458 also had a diagnosis of Alzheimer's disease.

The overall prevalence of dementia in RA patients was 1.11%; the overall prevalence in the cohort without RA was 0.14%.

Exposure to three specific anti-TNF drugs – infliximab, etanercept, and adalimumab – was examined, as was exposure to sulfasalazine, prednisone, and rituximab.

Use of the anti-TNF agents as a group was significantly associated with a reduced risk of Alzheimer's dementia, Dr. Chou said. When the anti-TNF agents were analyzed individually, only etanercept was significantly associated with reduced risk. Etanercept was associated with about a 70% reduction in the risk of Alzheimer's dementia.

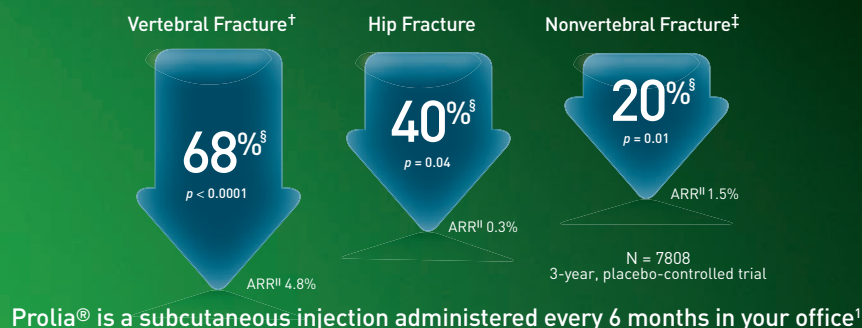
Dr. Chou said he had no relevant financial disclosures. ■

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be performed by the prescriber prior to initiation of Prolia®. A dental examination with appropriate preventive dentistry should be considered prior to treatment in patients with risk factors for ONJ. Good oral hygiene practices should be maintained during treatment with Prolia®.

For patients requiring invasive dental procedures, clinical judgment should guide the management plan of each patient. Patients who are suspected of having or who develop ONJ should receive care by a dentist or an oral surgeon. Extensive dental surgery to treat ONJ may exacerbate the condition. Discontinuation of Prolia® should be considered based on individual benefit-risk assessment.

✿ **Suppression of Bone Turnover:** Prolia® resulted in significant suppression of bone remodeling as evidenced by markers of bone turnover and bone histomorphometry. The significance of these findings and the effect of long-term treatment are unknown. Monitor patients for consequences, including ONJ, atypical fractures, and delayed fracture healing.

✿ **Adverse Reactions:** The most common adverse reactions (> 5% and more common than placebo) are back pain, pain in extremity, musculoskeletal pain, hypercholesterolemia, and cystitis. Pancreatitis has been reported with Prolia®.

The overall incidence of new malignancies was 4.3% in the placebo and 4.8% in the Prolia® groups. A causal relationship to drug exposure has not been established. Denosumab is a human monoclonal antibody. As with all therapeutic proteins, there is potential for immunogenicity.

✿ **Prolia® Postmarketing Active Safety Surveillance Program:** The Prolia® Postmarketing Active Safety Surveillance Program is available to collect information from prescribers on specific adverse events. Please go to [www.proliasafety.com](http://www.proliasafety.com) or call 1-800-772-6436 for more information about this program.

\* Key sites: vertebral, hip, and nonvertebral.<sup>1,2</sup>

<sup>†</sup> Includes 7393 patients with a baseline and at least one post-baseline radiograph.<sup>1,2</sup>

<sup>‡</sup> Composite measurement excluding pathological fractures and those associated with severe trauma, fractures of the vertebrae, skull, face, mandible, metacarpals, fingers, and toes.<sup>1,2</sup>

<sup>§</sup> RRR = relative risk reduction.

<sup>||</sup> ARR = absolute risk reduction.

**References:** 1. Prolia® (denosumab) prescribing information, Amgen. 2. Cummings SR, San Martin J, McClung MR, et al. Denosumab for prevention of fractures in postmenopausal women with osteoporosis. *N Engl J Med.* 2009;361:756-765.

For more information, visit [www.ProliaHCP.com](http://www.ProliaHCP.com)

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