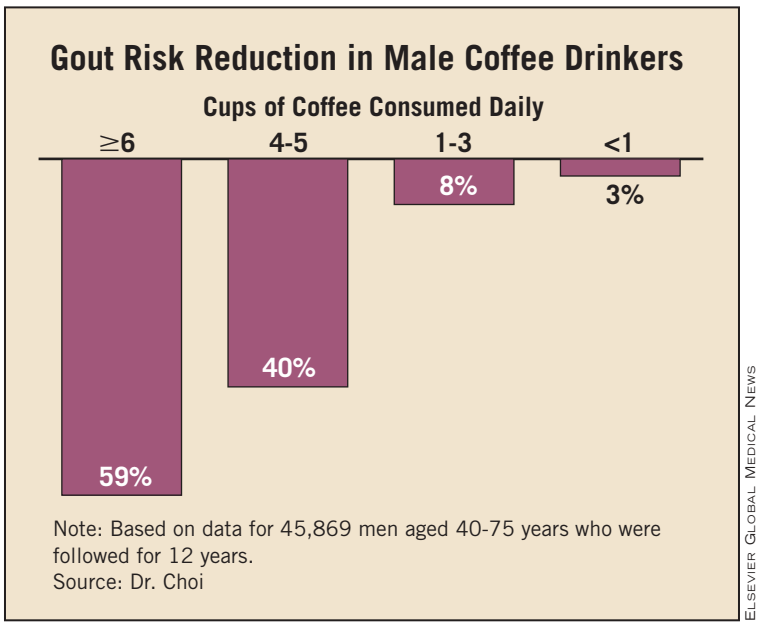
# Drinking Coffee May Help Cut Men's Gout Risk

BY HEIDI SPLETE
*Senior Writer*

Drinking multiple cups of coffee each day may reduce the risk of gout in men, according to data from a prospective study of nearly 50,000 men.

Studies of coffee's effects on the body are important for public health, because so many people drink so much of it, wrote Dr. Hyon K. Choi of the University of British Columbia, Vancouver, and colleagues. "More than 50% of Americans drink coffee," they noted, and the average per capita intake is approximately two cups per day.

Coffee is a major source of the phenol known as chlorogenic acid, which is a very powerful antioxidant (Arthritis Rheum. 2007;56:2049-55). Data from previous studies suggest that chlorogenic acid may reduce plasma glucose concentrations and interact with other antioxidants that are present in coffee to reduce oxidative stress and, consequently, reduce the risk of developing gout.

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Other components of coffee may also play a role in reducing gout risk by affecting insulin resistance.

To determine the relationship between coffee consumption and gout, the investigators studied 45,869 adult men with no baseline history of gout. The men's coffee consumption was assessed at 4-year intervals over a 12-year follow-up period using a validated questionnaire. An additional questionnaire was used to determine whether the men met the American College of Rheumatology's criteria for gout.

The researchers identified 757 confirmed incident cases of gout, and found that the risk for gout was 59% lower in men who drank six or more cups of coffee per day and 40% lower among men who drank four to five cups of coffee per day.

The risk reduction was 8% among men who drank one to three cups of coffee per day, and 3% among men who drank less than one cup of coffee per day.

The association between increased coffee intake and reduced risk of gout was independent of dietary factors and other variables including body mass index, age, hypertension, alcohol consumption, diuretic use, and chronic renal failure. No significant associations were found between total caffeine intake and risk for gout, and there was no apparent effect on gout risk for men who consumed caffeine from noncoffee sources, the researchers noted.

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**Men who drank one to three cups per day cut their gout risk by 8%.**

A modest association was noted between decaffeinated coffee consumption and a reduced risk for gout (a 27% reduction in men who drank at least four cups per day), but tea consumption was not associated with a reduced risk.

Because individuals can develop a tolerance for caffeine over time with respect to variables such as blood pressure and heart rate, long-term caffeine intake alone may not have a significant effect on the risk for gout, the researchers noted.

The investigation was limited by its observational nature, and the findings may not be generalizable to women, they added.

The study was sponsored in part by TAP Pharmaceutical Products Inc.

Dr. Choi has served on the advisory boards of Savient Pharmaceuticals Inc. and TAP. ■

# Adding Adalimumab May Induce RA Remission in Pretreated Patients

BY DAMIAN McNAMARA
*Miami Bureau*

Birmingham, England — Adding adalimumab therapy to existing treatment of patients with rheumatoid arthritis might be a worthwhile step to drive some patients into remission, according to a large study presented at the annual meeting of the British Society for Rheumatology.

More than one-third of 6,610 long-term rheumatoid arthritis patients achieved remission at any point in the Research in Active Rheumatoid Arthritis (ReAct) study. Remission was achieved despite an average of three prior disease-modifying antirheumatic drugs and an average disease activity score (DAS) of 6.0 at baseline.

In contrast to a clinical trial that might exclude heavily pretreated patients or those with more severe disease, this open-label, multinational study was designed "to mimic day-to-day practices as best we could," Dr. Paul Wordsworth said.

Participants received 40 mg adalimumab (Humira, Abbott) subcutaneously every other week for 12 weeks added to existing therapy with standard disease-modifying antirheumatic drugs, glucocorticoids and/or nonsteroidal anti-inflammatory drugs.

Patients could opt to continue the adjunctive therapy beyond 12 weeks. The mean duration of adalimumab treatment was 7 months. The mean age of participants was 54 years.

Overall, 81% of the participants in the study were female.

A subset of 1,251 patients continued adalimumab up to 52 weeks. At 1 year, 13% of patients were in remission for at least 6 months, defined as achievement of American College of Rheumatology 70% improvement criteria (ACR70).

The addition of adalimumab to standard therapy led to clinical remission defined as a DAS28 below 2.6 in 38% of all patients at any time during the study.

Remission was sustained at least 6 weeks by 21% of patients. A total of 20% achieved a DAS28 below 2.6 at week 12 and 25% at last observation, said Dr. Wordsworth, professor of clinical rheumatology, Nuffield Orthopaedic Centre, Oxford, England.

Researchers also assessed patients according to the simplified disease activity index (3.3 or less was considered remission), the clinical disease activity index, and the tender and swollen joint count.

Although it is difficult to conclude from this study if duration of therapy should go beyond 12 weeks, the percentage of patients who experienced clinical remission increased beyond this time point irrespective of the assessment method, Dr. Wordsworth said.

"There was a significant proportion of patients who had remission or significant improvement after 3 months," he added.

Dr. Wordsworth disclosed that he is a consultant for Abbott, which makes adalimumab. ■

# *Anti-TNF-α Drugs Lower Insulin Resistance in Arthritis*

Barcelona — Anti–tumor necrosis factor-α drugs may aid insulin resistance in rheumatoid arthritis, according to studies presented at the annual European Congress of Rheumatology.

Traditional and nontraditional risk factors, like systemic inflammation and insulin resistance, have been implicated in cardiovascular disease in RA, said Dr. Sabrina Paolino of the University of Genova, Italy. Insulin resistance also has been shown to influence the development and progression of atherosclerotic lesions in rheumatic diseases and RA.

Dr. Paolino and colleagues compared 32 patients with active RA who were treated with either infliximab (3 mg/kg at week 0, 2, 6, and every 8 weeks thereafter) or etanercept (25 mg twice per week), with 20 RA patients not on anti-TNF-α drugs. All patients received prednisone (maximum of 7.5 mg/day) and methotrexate (10 mg/week). Subjects with frank diabetes; viral hepatitis B or C infection; any malignancy; liver or kidney disease; or endocrine or metabolic disorders, or who took medications that influence glucose metabolism were excluded.

At 24 weeks, patients on anti-TNF-α therapy had significantly greater improvement in disease activity score using 28 joint counts, the Quantitive Insulin Sensitivity Check Index, and the homeostasis model assessment of insulin resistance (HOMA) than those not on anti-TNF-α drugs. There were no differences in insulin resistance between patients on etanercept and those on infliximab.

In a poster presented at the Congress, insulin resistance as calculated on the HOMA index and hemoglobin $A_{1c}$ were significantly lower in 16 nondiabetic RA patients after 1 year of anti-TNF-α therapy. No significant changes occurred during follow-up on dietary questionnaires, physical activity levels, anthropometric measurements, body mass index, or fat mass to confound the anti-TNF-α and insulin resistance link. Cholesterol and triglyceride levels did not change, said Dr. Sigrid Talaverano and associates at the University Hospital of the Canary Islands, La Cuesta, Spain.

**—Jeff Evans**

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