

TNF Blockers Tied to Hospitalization for Zoster

BY SHARON WORCESTER

FROM THE ANNALS OF
RHEUMATIC DISEASES

Rheumatic disease patients who are exposed to tumor necrosis factor antagonists have a 10-fold increased risk of hospitalization for varicella zoster virus infections, compared with the general population, according to a secondary analysis of two large databases.

Nonetheless, the absolute incidence of varicella-related hospitalizations remains low at about three cases per 10,000

patients was 26 per 100,000, compared with 1.9 in the general population.

This finding is based on analysis of data from a national registry of rheumatic disease patients who were treated with TNF agents (BIOBADASER database) and from a database of all hospital admissions in public centers in Spain (Conjunto Minimo Basico de Datos al Alta Hospitalaria, or CMBD), which together represent more than 114 million patient-years.

The estimated age- and sex-standardized incidence rate per 100,000 person-years, and the estimated standardized incidence difference were 9 and 26, respectively, for shingles, and 19 and 33, respectively, for chickenpox, they said (Ann. Rheum. Dis. 2010;69:1751-5).

TNF antagonists are associated with an increased risk of tuberculosis in particular and of opportunistic infections in general. There is a biological basis for an increased risk of viral infections, the investigators said, noting that although some studies have shown an increased rate of viral infection in TNF antagonist-treated patients, the clinical relevance of the increase is uncertain. The current study does not allow differentiation of the causes for the increased risk, but it does show that the absolute rate is low.

The researchers said it is unlikely that the cohorts received systematic vaccination against varicella zoster virus because the general health mandate in Spain was given in 2005 and only for children aged 11-14 years. "Standard guidelines for chickenpox vaccination probably apply to the population included in our study," they wrote.

However, shingles vaccine (an attenuated vaccine with a higher dose of antigen) could potentially lead to more side effects in an immunosuppressed population, they said.

VITALS **Major Finding:** The estimated incidence rate of hospitalization for shingles in the rheumatic population was 32 cases per 100,000 patient-years, compared with an expected rate of 3.4 in the general population. The estimated incidence of hospitalization for chickenpox in the rheumatic patients was 26 per 100,000, compared with 1.9 in the general population. The absolute incidence of varicella-related hospitalizations remains low, at about 3 cases per 10,000 person-years of exposure.

Data Source: A secondary analysis of data from two large databases.

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person-years of exposure, and the risks of using vaccination for prevention likely outweigh the benefits, Dr. Ignacio Garcia-Doval of Complejo Hospitalario de Pontevedra (Spain) and colleagues reported.

The estimated incidence rate of hospitalization for shingles in the rheumatic population was 32 cases per 100,000 patient-years, compared with an expected rate of 3.4 in the general population, and the estimated incidence of hospitalization for chickenpox in the rheumatic

Vaccinate Prior to Anti-TNF Therapy

The rationale for zoster vaccination goes beyond the goal of simply preventing hospitalized herpes zoster. Vaccination in RA patients who are at least 60 years of age should be the standard of care before initiation of anti-TNF or other long-term immunosuppressive therapy.

Prospective data on the efficacy of herpes zoster vaccination, particularly in patients with RA, are lacking. But there is strong evidence for the protective effects of vaccination in adults aged 60 years and older.

Given that patients with rheumatoid arthritis are at increased risk for herpes zoster and that vaccination with live viruses is contraindicated while biological therapies are used, it would make sense to target this group for vaccination before anti-TNF therapy is initiated.

The purpose of vaccination is not only to lower the risk of rare, serious manifestations of herpes zoster, but also to lower the risk of uncomplicated herpes zoster, which causes considerable morbidity.

Future studies should look at the potential benefits of vaccinating those younger than age 60 and those receiving other types of immunosuppressive therapy.

The opinions above are excerpted from an editorial accompanying the research report (Ann. Rheum. Dis. 2010;69:1735-7). KEVIN L. WINTHROP, M.D., is in the department of infectious diseases at the Oregon Health and Science University, Portland. DANIEL E. FURST, M.D., is Carl M. Pearson Professor of Rheumatology at the



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University of California, Los Angeles. Dr. Winthrop reported receiving funding from the Agency for Healthcare Research and Quality for work on the manuscript, and receiving a grant from UCB Pharmaceuticals, as well as consulting fees from Amgen, Wyeth, and Genentech. Dr. Furst reported receiving research support for studies of abatacept, adalimumab, certolizumab, etanercept, infliximab, rituximab, and tocilizumab, and consulting with Abbott, Amgen, Bristol-Myers Squibb, Centocor, Genentech, and UCB.

Europeans Collaborate to Improve Outcomes in Joint Disease

Musculoskeletal conditions rank third in top-10 causes of years lived with disability.

BY BRUCE JANCIN

EXPERT ANALYSIS FROM THE ANNUAL EUROPEAN
CONGRESS OF RHEUMATOLOGY

The European Commission and the European League Against Rheumatism have joined forces in an ambitious 3-year project that is designed to optimize the care of patients with musculoskeletal conditions all across Europe.

The new European Musculoskeletal Conditions Surveillance and Information Network (www.eumusc.net) will set and monitor standards of care; gather more comprehensive data than heretofore available on the incidence, prevalence, and health impact of rheumatologic disorders; and create a Web-based information system for patients and physicians, project coordinator Dr. Anthony D. Woolf explained as he unveiled the program.

The eumusc.net project is funded by a grant of nearly 1 million euros from the European Commission along with 300,000 euros from EULAR. After the project ends in 2013, EULAR will take it over, according to Dr. Woolf, professor of rheumatology at the Institute of Health Care Research of Peninsula College of Medicine and Dentistry, Plymouth, England.

"The goal is to improve quality of care [and] to harmonize care so there is more equity across countries and within countries," the rheumatologist said. "Wherever you're being treated, you should have the same chance of doing well or going into remission."

"We're not going to come up with new guidelines because we already have excellent guidelines for the management of osteoarthritis and rheumatoid arthritis from EULAR. It's time to get them implemented," he continued.

The eumusc.net project was granted funding by the European Union Health Program in a competitive bid-

ding process. EU health officials were persuaded to make improved care for musculoskeletal conditions a high priority, in part on the strength of data showing that osteoarthritis is tied with disorders related to alcohol abuse for fourth place on the top-10 list of causes of years lived with disability in high-income countries.

Only unipolar depression, dementias, and adult-onset hearing loss ranked higher. Osteoarthritis was rated higher than cerebrovascular disease, chronic obstructive pulmonary disease, diabetes, and other major chronic diseases. These are the sorts of data that grab the attention of social security and health department officials.

'If a woman breaks a hip, she has the same life expectancy as a metastasized breast cancer patient.'

DR. SMOLEN

In the United Kingdom, "musculoskeletal conditions are the No. 3 reason for general practitioner consultations. One can put a price on that, and it's very impressive," Dr. Woolf said.

Continued on following page

