

Women More Likely to Have Hand Osteoarthritis

BY DOUG BRUNK

FROM ANNALS OF THE RHEUMATIC DISEASES

Hand osteoarthritis becomes more prevalent with advancing age and is more common in women than men, but not in all joint areas, results from a long-term analysis demonstrated.

Over 9 years of follow-up, more men than women developed metacarpal and wrist osteoarthritis (OA), yet more women than men developed erosive and symptomatic OA, according to a report by researchers led by Dr. Ida K. Haugen of the department of rheumatology at Diakonhjemmet Hospital, Oslo.

In what they describe as the first study of its kind, the researchers analyzed data from 2,300 adults who participated in the Framingham OA Study to determine the prevalence and course of radiographic, erosive, and symptomatic hand OA in the general population.

All study participants had bilateral hand radiographs at baseline and at 9-year follow-up (Ann. Rheum. Dis. 2011;70:1581-6).

Dr. Ida Haugen and her associates defined radiographic hand OA at the joint level as a Kellgren-Lawrence scale grade 2 or greater, erosive hand OA as a Kellgren-Lawrence grade 2 or greater plus erosion, and symptomatic hand OA as a Kellgren-Lawrence grade 2 or greater plus pain/aching/stiffness.

Study participants with one or more affected joint were classified as having hand OA.

The mean age of the study participants was 59 years, 57% were women, and 96% were white.

The age-standardized prevalence of hand OA was modestly higher in women compared with men (44% vs. 38%, respectively), but women had a significantly higher age-standardized prevalence of erosive OA (10% vs. 3%) and symptomatic OA (16% vs. 8%).

Over the 9 years of follow-up, the crude incidence

right hand (usually dominant)," the researchers wrote.

"The symmetrical joint affection indicates that 'wear and tear' alone is not sufficient to explain the pattern of hand OA, and neurogenic and hormonal influences have been suggested."

They acknowledged certain limitations of the study, including the fact that participants were from a limited geographic area, which makes it "uncertain whether the results can be generalized to larger geographical areas or [nonwhite] groups," they wrote.

"The offspring cohort [of the Framingham OA Study] was

not randomly selected from the population. However, the participants were not chosen based on joint symptoms, and previous studies have indicated that the cohort is reasonably representative of the U.S. population.

"The mean time of follow-up was 9 years, and almost all participants showed progression, making discrimination between groups difficult.

"It is possible but unproven that reading of radiographs in known time sequence may lead to overestimation of progression," Dr. Haugen and her associates said. ■

VITALS

Major Finding: The age-standardized prevalence of hand OA was modestly higher in women compared with men (44% vs. 38%, respectively), but women had a significantly higher age-standardized prevalence of erosive OA (10% vs. 3%) and symptomatic OA (16% vs. 8%).

Data Source: An analysis of 2,300 adults from the ongoing Framingham Osteoarthritis Study who had bilateral hand radiographs at baseline and at 9-year follow-up.

Disclosures: The Framingham OA Study is supported by the National Institutes of Health. Dr. Haugen disclosed that she received grants from the South-Eastern Norway Regional Health Authority and a scholarship from OARSI. Another study investigator, Dr. Martin Englund, disclosed that he received funding support from Swedish Research Council and Lund (Sweden) University.

was similar between women and men (35% vs. 34%, respectively), whereas 96% of women and 91% of men who had hand OA at baseline showed progression during follow-up.

The researchers also reported that metacarpophalangeal and wrist OA occurred more frequently and from a younger age in men, compared with women, and that development of erosive disease occurred more frequently in women, compared with men (17% vs. 10%, respectively).

"Consistent with previous studies, we found no clear evidence of higher hand OA incidence in the

RA Treatment Did Not Reduce Use of Sick Leave

BY JEFFREY S. EISENBERG

FROM ANNALS OF THE RHEUMATIC DISEASES

Patients with newly diagnosed but still untreated rheumatoid arthritis increase their use of sick leave and disability pension benefits, judging from

To try to fill in the gaps, Martin Neovius, Ph.D., of the Karolinska Institute in Stockholm, and his colleagues in the Anti-Rheumatic Therapies in Sweden (ARTIS) study group investigated the number of days of sick leave and disability taken by patients with RA – both before and after initiation of stan-

therapy; 973 patients who received non-biologic DMARD combination therapy; 1,600 patients with RA for less than 5 years who received biologic therapy; and 4,787 patients who received biologic agents regardless of RA duration.

The prevalence of sick leave and disability pension was lowest before the start of DMARD therapy, the researchers found.

Specifically, 10% and 12% of patients received disability pension benefits during the year before starting DMARD monotherapy and combination therapy, respectively, and 43% of patients received benefits before starting biologic treatment.

The mean number of days of disability pension per year was 25 during the year before the start of DMARD monotherapy, 27 before the start of DMARD combination therapy, and 111 for biologic therapy. However, fewer days of sick leave were taken in the year before the start of biologic agents and DMARD monotherapy (mean 79 and 54 days, respectively) than before the start of DMARD combination therapy (105 days).

The mean number of monthly days of sick leave and disability pension increased in all cohorts in the year before treatment and peaked at 1 month after treatment began, the researchers said. After that first month following treatment, sick leave stabilized below the peak lev-

el, but disability pensions increased.

"We made a series of important observations," the researchers said. "One, irrespective of treatment type, initiators had on average a long history of gradual deterioration in work ability, although, as expected, the level of days off work was higher among patients selected for biological therapy than those starting a first non-biological DMARD monotherapy. Two, irrespective of treatment

type, patients selected for these treatments were characterized by a breakpoint in the deteriorating work ability following treatment start." The third lesson was that patients continued to use disability despite their increased ability to work, the authors reported.

Intensive treatment halted but did not reverse the deterioration of work ability, the researchers said. After initiation of treatment with biologic agents, the annual level of sick leave and disability pension was close to 200 days a year out of a maximum of 365, and more than 150 days for those who started on combination DMARD treatment.

"Given the increase observed already before treatment start, there is an obvious need to identify patients at risk of work ability deterioration much earlier than currently, and potentially break the development," the researchers said. ■

VITALS

Major Finding: Sick leave and disability pension in Sweden increased rapidly in patients with rheumatoid arthritis before the initiation of therapy, which halted but did not reverse this development.

Data Source: Data obtained from the Swedish Rheumatology Quality Register and the Social Insurance Office database.

Disclosures: The ARTIS study group conducts scientific analyses using data from the Swedish Biologics Register ARTIS run by the Swedish Society for Rheumatology. For the maintenance of this register, the Swedish Society for Rheumatology has received funding, independent of the conduct of these scientific analyses, from Abbott Laboratories, BMS, Roche, Schering-Plough, UCB, and Wyeth.

findings from a Swedish study. Initiation of standard treatment halted but did not reverse this development.

These findings suggest that the ability to work may be an important clinical measure when evaluating the needs of patients with RA, and may suggest the need for earlier intervention.

Lost productivity figures are among the indirect costs of rheumatoid arthritis. Yet, the only evidence of patients' ability to work with RA comes from studies that were small or included limited or no history of sick leave. Some limited data come in the form of secondary findings from trials of RA treatments.

standard therapies (Ann. Rheum. Dis. 2011;70:1407-14).

First, they identified patients aged 19-60 years who were diagnosed with RA between 1999 and 2007.

Data on when treatment was initiated came from the Swedish Rheumatology Quality Register. Next, they used each patient's personal identification number to retrieve data on sick leave and disability pension from the Social Insurance Office database.

The researchers divided the patients into four cohorts: 2,796 patients who received nonbiologic disease-modifying anti-rheumatic drug (DMARD) mono-