RA Joint Surgery Has Decreased Over 25 Years

PHILADELPHIA — The rate of common joint operations in patients with rheumatoid arthritis, notably those aged 40-59 years, has decreased overall during the past 25 years, according to data from a population-based, cross-sectional study.

Recent studies suggest long-term outcomes of rheumatoid arthritis have been improving. There have been notable decreases in disability as well as damage on x-rays," said Dr. Grant H. Louie at the annual meeting of the American College of Rheumatology.

In their study of California residents 40 years of age or older with rheumatoid arthritis, Dr. Louie and his coinvestigator

Younger rheumatoid arthritis patients (aged 40-59 years) showed a 19% drop in the rate of total knee arthroplasty in **2003-2007**, compared with 1983-1987.

Dr. Michael Ward examined age-, sex-, and race-adjusted rates of four types of joint surgery per 100,000 rheumatoid arthritis patients from 1983 to 2007. Data were pooled into 5-year intervals.

The data showed that rates of joint surgery peaked in the 1990s, and since then have decreased.

For all patients aged 40 years or older, the total number of knee replacements fell by 2% between 1983 and 2007; this difference was not significant.

The rate of hip replacement in the overall population increased by 2%, a change that also was not significant, reported Dr. Louie of the National Institute of Arthritis and Musculoskeletal and Skin Diseases in Bethesda, Md.

However, when the data were stratified by age into older and younger groups, younger rheumatoid arthritis patients (aged 40-59 years) showed a 19% drop in the rate of total knee arthroplasty in 2003-2007, compared with 1983-1987 (adjusted rate ratio 0.81, 95% confidence interval 0.74-0.87, P less than .0001), while a 40% reduction was found for total hip arthroplasty (adjusted rate ratio 0.60; 95% CI 0.54-0.66, P less than .0001) over those same periods.

A 60% drop was noted for ankle surgery (total ankle arthroplasty or arthrodesis), while wrist surgery (total wrist anthroplasty or arthrodesis) fell by

For rheumatoid arthritis patients aged 60 years or older, the rates of total knee and hip replacement increased by 4% and 26%, respectively, while rates for ankle and wrist surgery significantly decreased.

"Although we can't know for sure the reasons for these declines in the rates, we speculate that one explanation may be

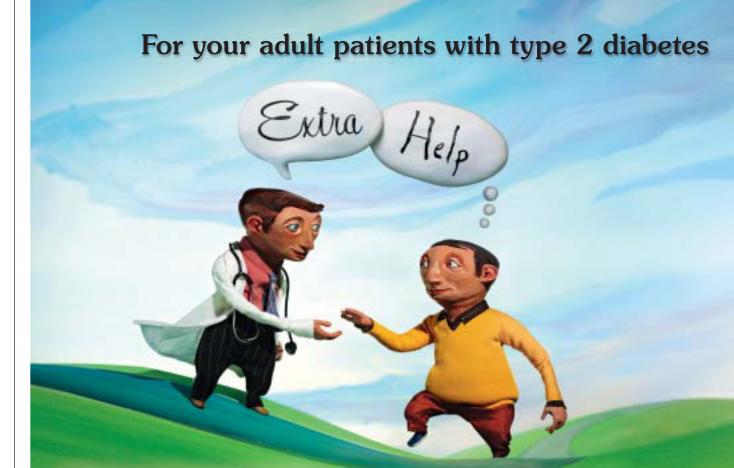
BY AMY ROTHMAN SCHONFELD improved treatment of rheumatoid arthritis in the last several decades, as well as better understanding of underlying mechanisms of disease," he said.

Dr. Louie had no conflict of interest disclosures.

■A related video is at www.youtube.com/ InternalMedicineNews (search for 69929).



"One explanation may be improved treatment of rheumatoid arthritis," Dr. Grant H. Louie



Indication and Important Limitations of Use

ONGLYZA is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

ONGLYZA should not be used for the treatment of type 1 diabetes mellitus or diabetic ketoacidosis. ONGLYZA has not been studied in combination with insulin.

Important Safety Information

- Use with Medications Known to Cause Hypoglycemia: Insulin secretagogues, such as sulfonylureas, cause hypoglycemia. Therefore, a lower dose of the insulin secretagogue may be required to reduce the risk of hypoglycemia when used in combination with ONGLYZA
- Macrovascular Outcomes: There have been no clinical studies establishing conclusive evidence of macrovascular risk reduction with ONGLYZA or any other antidiabetic drug

Most common adverse reactions (regardless of investigator assessment of causality) reported in ≥5% of patients treated with ONGLYZA and more commonly than in patients treated with control were upper respiratory tract infection (7.7%, 7.6%), headache (7.5%, 5.2%), nasopharyngitis (6.9%, 4.0%) and urinary tract infection (6.8%, 6.1%). When used as add-on combination therapy with a thiazolidinedione, the incidence of peripheral edema for ONGLYZA 2.5 mg, 5 mg, and placebo was 3.1%, 8.1% and 4.3%, respectively.