

Abatacept's Benefits Greater in Early RA Patients

BY NANCY WALSH
New York Bureau

PARIS — Patients with early rheumatoid arthritis had greater improvements with abatacept treatment than did those with longstanding disease, according to a new post hoc analysis of two clinical trials.

In the first report of the efficacy of this selective T-cell costimulation modulator in patients whose disease duration is 2 years or less and who have an inadequate response to methotrexate but are biologically naive, almost half were in disease remission at year 3, according to Dr. Yusuf Yazici.

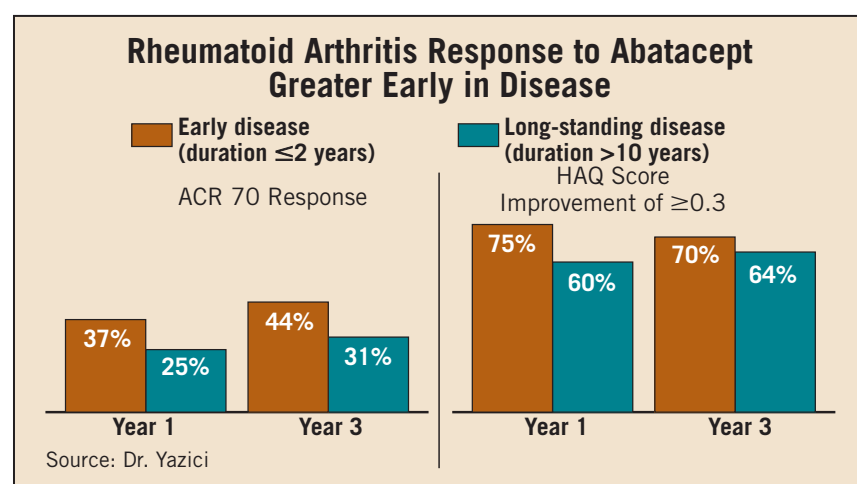
This study included 462 patients from both a phase II trial and a double-blind placebo controlled trial who had been randomized to receive abatacept 10 mg/kg once monthly and who had entered a long-term extension phase, with assessments at years 1 and 3.

Patients' mean age was 55 years, 76% were female, and 82% were rheumatoid factor positive. Mean baseline disease activity score 28 (DAS28) was 6.4, health assessment questionnaire (HAQ) was 1.5, and C-reactive protein (CRP) was 3.2 mg/dL.

Among the entire cohort, 25% of the patients were in DAS28 remission at year 1, as were 36% at year 3, said Dr. Yazici of New York University, and director of the Seligman Center for Advanced Therapeutics, NYU Hospital for Joint Diseases, New York.

A total of 108 patients had early disease, while 159 had longstanding disease. A comparison of these groups showed that 46% of those with early disease were in remission at year 3, compared with 31% of those with longstanding disease, Dr. Yusuf Yazici said at the annual European Congress of Rheumatology.

Remission rates were also significantly better for the early disease group at year 1 and year 3, as were ACR 70 rates. Moreover, among the early disease group, significantly more patients had clinically meaningful improvements in their HAQ scores. (See box.)



"These data support the use of abatacept in biologic-naive patients who have early disease and who have had an inadequate response to methotrexate," Dr. Yazici concluded.

Dr. Yazici disclosed that he is a consultant for BMS, Roche, Celgene, UCB, Pfizer, and Centocor. ■

Custom-Made Foot Orthotics May Ease Some Types of Arthritis Pain

BY JONATHAN GARDNER
London Bureau

Custom-made foot orthotics can reduce foot pain caused by rheumatoid arthritis, pes cavus, and hallus vagus, according to a Cochrane Collaboration meta-analysis.

The authors stressed, however, that there are very few high-quality studies evaluating the use of orthotics to treat such conditions, weakening the clinical relevance of their conclusions.

The researchers evaluated a total of 11 randomized controlled trials and controlled clinical trials, which together had 1,332 subjects. The strongest evidence supporting the use of customized orthotics was in the treatment of painful pes cavus (high arch). They also found evidence supporting orthotic use to treat foot pain associated with juvenile idiopathic arthritis, rheumatoid arthritis, plantar fasciitis, and hallux valgus.

"Custom foot orthoses can be an effective treatment for a variety of conditions, but there are still many causes of foot pain for which the benefit of this treatment is unclear," Fiona Hawke, the lead researcher, who works at the Central Coast campus of the University of Newcastle (Australia), said in a written statement. "There is also a lack of data on the long-term effects of treating with orthoses."

► **Painful pes cavus.** The researchers found a single study that showed custom orthotics were superior to sham orthotics at 3 months in treating 154 patients with this disorder. Those wearing custom orthoses showed a statistically significant weighted mean difference of 10.9 points on the pain domain of the foot health status questionnaire and 11 points in the function domain (Cochrane Database Syst. Rev. 2008 July 15 [Epub doi: 10.1002/14651858.CD006801.pub2.]).

► **Juvenile idiopathic arthritis.** A single study of 33 children showed that custom foot orthotics were linked to significant improvements at 3 months in pain, function, and disability, compared with a standardized

intervention (supportive shoes). Weighted mean improvements of 19.2 on the pain scale of the foot function index, 19.4 on the index's activity limitation scale, and 18.6 on the disability scale were reported.

► **Rheumatoid arthritis.** A single study with 101 subjects found foot orthotics were more effective than no intervention in reducing rear foot pain after 30 months.

► **Plantar fasciitis.** A study of 92 subjects assessed at 3 and 12 months demonstrated a statistically significant improvement in foot-pain related function for those who used custom orthotics to treat plantar fasciitis, compared with those using sham orthoses. Treated subjects reported a weighted mean improvement of 10.4 at both time points on the foot health



Researchers found data supporting the benefit of custom foot orthotics for some.

status questionnaire. The investigators did not measure a statistically significant improvement over standard interventions, however, and found that customized orthotics were less effective than stretching and mobilization over 2 weeks.

► **Painful bunions with hallux valgus.** Foot orthotics were shown to be more effective than no intervention over 6 months in a study of 138 participants, with a weighted mean improvement of 9 on the 100-mm visual analog scale. However, that study did not find a statistically significant improvement over 12 months. ■

Knee Replacement Improves Function in Obese OA Patients

BY JONATHAN GARDNER
London Bureau

Obese patients with osteoarthritis experience greater gains in physical function 7 years after undergoing total knee arthroplasty than do obese controls who did not have the surgery, according to an English study.

Based on the results of this study of 688 patients, there is no justification to withhold knee replacements from obese patients on the grounds that obesity is a risk factor for osteoarthritis, the investigators wrote (Ann. Rheum. Dis. 2008 July 24 [doi:10.1136/ard.2008.093229]).

In a subgroup of 108 obese patients (body mass index greater than or equal to 30 kg/m²) who underwent total knee arthroplasty (TKA), the median physical function score on the Short Form-36 Health Survey improved from 17 points at baseline to 20 points at a median 7-year follow-up. By comparison, 36 obese controls who did not have TKA saw their physical function scores decline from a median of 61 to 25 points.

"Our results build on those of earlier investigations in indicating that improvements in physical function following [TKA] for osteoarthritis are sustained," wrote Janet Cushman of the University of Southampton, England, and her associates. "These benefits extend to [obese patients] and, provided appropriate selection criteria are applied with regard to fitness for surgery, there seems no justification for withholding TKA from patients who are obese."

The researchers studied patients and controls aged 45 and older who had taken part in an earlier case-con-

trol study of knee osteoarthritis. That study compared patients placed on a waiting list for TKA between 1995 and 1997 with controls in the community. Functional status and BMI were measured as part of data collection.

During 2001-2004, the authors wrote to the original study group with a questionnaire about their surgery and included the functional status sections of the SF-36 form. A total of 325 patients and 363 controls were included in this analysis.

Overall, at a mean follow-up of 7 years, median physical function scores in patients who underwent TKA improved from 20 to 26; scores in controls fell from 89 to 75.

Mental health scores on the SF-36 form improved equally in both groups. Vitality scores declined in both groups, but the decline was greater in patients than in controls (a loss of 10 points compared with a loss of 5 points).

Of 82 patients older than age 75 at baseline, the median physical function score stayed steady at 17 points; scores declined from 83 to 43 points in 87 controls in that age group.

The researchers said their findings might have been biased by migration, although subjects were as likely to have moved, demonstrating greater function, as to have entered nursing care, demonstrating poorer function.

They also noted that might have been undetected in the controls at baseline, which would have biased their findings in favor of the intervention group.

They noted, however, that the long follow-up and size of the study suggest that their findings are valid. ■