Carotid Plaque Seen Early in Inflammatory Arthritis

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GLASGOW, SCOTLAND — Subclinical atherosclerosis is common among patients early in the course of inflammatory polyarthritis, even among those not considered to be otherwise at high risk for cardiovascular disease, Diane K. Bunn reported at the annual meeting of the British Society for Rheumatology.

Increased awareness of the excess mortality associated with rheumatoid and undifferentiated arthritis prompted institution of the Norfolk Arthritis Register, a primary-care–based inception cohort of patients with inflammatory polyarthritis, according to Ms. Bunn of Norfolk and Norwich (England) University Hospital.

The register now has enrolled 93 patients, 61 of whom are female. Median age of the cohort was 50 years, and median disease duration at presentation was 7 months. On recruitment, 56 (60%) were taking disease-modifying antirheumatic drugs, and 59 (63%) were taking nonsteroidal anti-inflammatory drugs. Among this latter group, 12 were being treated with coxibs and the remainder with NSAIDs.

Blood pressure was 140/90 or higher in 31 (33%), but only 7 were taking antihypertensive medication. Fasting cholesterol was 5.1 mmol or more in 44 (47%), yet only 3 (2 of whom were known diabetics) were taking a statin drug, she wrote in a poster session. Sixteen (17.2%) were smokers.

Cardiovascular risk, calculated using the Joint British Societies Cardiac Risk Assessor (www.bnf.org/BNF/extra/current/450024.htm) was 15% or greater (indicating high risk) in only 6 (6.5%) patients, but ultrasound showed at least one carotid plaque in 45 (48%). One patient had complete stenosis of the right internal carotid artery, Ms. Bunn noted.

The finding that a large proportion of the cohort had subclinical atherosclerosis early in the course of their disease highlights the importance of considering cardiovascular risk right from the start in patients with inflammatory polyarthritis, she concluded. ■

Drug Combo May Keep RA Patients on Job

Patients with early-stage rheumatoid arthritis who are treated with methotrexate plus infliximab are more likely to remain employed or able to work than are patients treated with methotrexate alone, according to findings from another new analysis of the ASPIRE trial data.

Physical function deteriorates so rapidly in rheumatoid arthritis (RA) that 20% of employed patients have to quit their jobs within 2 years of disease onset, and approximately half of RA patients face work disability within 10 years, reported Dr. Josef S. Smolen of the Medical University of Vienna, and his colleagues in Europe and the United States (Arthritis Rheum. 2006;54:716-22).

Patients in the ASPIRE (Active-Controlled Study of Patients Receiving Infliximab for the Treatment of Rheumatoid Arthritis of Early Onset) trial—which compared methotrexate alone with methotrexate plus infliximab—were asked at each visit whether they were currently employed and if not, whether they felt well enough to work if a job were available.

The new analysis, which covered approximately 850 patients aged 65 years or younger, found that rapid disease control in early-stage RA reduced patients work disability and improved their employability, reported Dr. Smolen and colleagues.

While the actual employment rate did not differ significantly between the two treatment groups, the patients treated with both drugs were more likely to maintain their employability or to feel able to work throughout the 54-week study.

The proportion of patients whose status changed from employable at baseline to unemployable at week 54 was smaller in the methotrexate-plus-infliximab group than in the methotrexate-only group (8% vs. 14%, respectively). Similarly, the proportion of employed patients who lost more than 10 workdays was smaller in the combination group, when compared with the methotrexate-only group (10% vs. 17%, respectively), the investigators reported.

—Christine Kilgore