Methotrexate Prevents Further Arthritis Damage

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SAN DIEGO — For the first time, a randomized trial has demonstrated that treatment of early undifferentiated arthritis with methotrexate can prevent progression to rheumatoid arthritis, Dr. Henrike van Dongen reported in a late-breaking poster session at the annual meeting of the American College of Rheumatology.

Findings from previous studies have suggested that early treatment of rheumatoid arthritis (RA) can lessen severity or induce remission, but until now there have been no data to show that the same benefits can occur in patients with undifferentiated, or "probable," arthritis.

In the Early Treatment of Probable Rheumatoid Arthritis Patients with Methotrexate (PROBAAT) trial, 110 patients who did not yet fulfill ACR criteria for RA were randomized to 15 mg/week of methotrexate or placebo.

Status at 18 Months After Initial Diagnosis

	RA	UA	UA in Remission	OA	Lost to Follow-up
Methotrexate (n = 55)	20	13	18	1	3
Placebo (n = 55)	29	8	11	4	3

Source: Dr. van Dongen

The methotrexate dose was adjusted over time based on disease severity.

At 3 months, the mean decrease in Disease Activity Severity (DAS) score was 0.39 in the methotrexate and 0.005 in the placebo group, a difference that was statistically significant.

At 18 months, fewer patients in the methotrexate group had developed RA and more had achieved remission, compared with those in the placebo group (see chart). Radiographic progression was significantly higher in the placebo group, noted Dr. van Dongen of Leiden (the Netherlands) University Medical Center. ■

Extra Vitamin D Fails to Cut Pain Of Fibromyalgia

SAN DIEGO — Vitamin D supplementation did not lessen fibromyalgia symptoms in a small trial, a finding that casts doubt on the theory that vitamin D deficiency underlies some patients' pain and that screening vitamin D levels would identify patients who would benefit from supplementation, Dr. Ann Warner said in a poster presentation at the annual meeting of the American College of Rheumatology.

She performed two studies examining the vitamin D hypothesis. In one study, Dr. Warner, a rheumatologist who practices in Kansas City, Mo., took 50 fibromyalgia patients with insufficient serum levels of vitamin D (a 25-hydroxyvitamin D level less than 20 ng/mL) and randomized them to weekly doses of 50,000 IU of vitamin D or to placebo for 3 months.

The 25 patients randomized to supplementation had a higher mean pain score on a visual analog scale at baseline compared with the patients who received placebo (74 mm vs. 61 mm). The mean pain score of patients given supplemental vitamin D improved after 3 months, falling to 64 mm. However, the mean visual analog scale score of the control patients fell to a similar degree, to 54 mm, and neither group's changes were statistically significant.

Patients in the control group showed a slight, but significant improvement on the functional pain score, while the supplemented group did not.

In the second study, Dr. Warner compared 25-hydroxyvitamin D levels in 104 patients with osteoarthritis with levels in 184 fibromyalgia patients.

There was no statistically significant difference in mean levels between the groups (28.76 ng/mL for the osteoarthritis group vs. 29.16 for the fibromyalgia group) even though there was a slightly higher percentage of patients with fibromyalgia who were insufficient, 29% vs. 20%.

—Timothy F. Kirn