

*Nature Reviews Rheumatology* 8, 368 (2012); published online 29 May 2012;  
 doi:10.1038/nrrheum.2012.87;  
 doi:10.1038/nrrheum.2012.88;  
 doi:10.1038/nrrheum.2012.89

## IN BRIEF

### THERAPY

#### Statin efficacy is equivalent in patients with IJD

In this *post hoc* analysis of data from two prospective end-point statin trials (TNT and IDEAL), the effect of lipid-lowering regimens on cardiovascular risk in patients with rheumatoid arthritis (RA;  $n=199$ ), ankylosing spondylitis (AS;  $n=46$ ), psoriatic arthritis ( $n=35$ ) or no inflammatory joint disease (IJD) were compared. The 18,889 trial participants were enrolled either after a myocardial infarction or with clinically evident coronary heart disease. Median follow-up time was 5 years. Baseline cholesterol was reduced in patients with RA or AS compared with patients without IJD. However, the lipid-lowering effect of statin therapy was comparable in patients with and without IJD, and intensive statin therapy (80 mg atorvastatin) led to an overall reduction in risk of cardiovascular disease of 20% in both groups.

**Original article** Semb, A. G. *et al.* Effect of intensive lipid lowering on cardiovascular outcome in patients with and without inflammatory joint disease. *Arthritis Rheum.* doi:10.1002/art.34524

### RHEUMATOID ARTHRITIS

#### Best to assess damage in both hands and both feet

Radiography is commonly used to evaluate joint destruction in patients with rheumatoid arthritis (RA). However, radiography protocols for monitoring erosive progression in RA vary substantially between different hospitals. To evaluate the information provided by complete sets of hand and foot radiographs as compared with those of only some part of these extremities, the investigators analysed X-ray images from 2,193 patients with RA, comparing hands versus feet and right versus left. In cross-sectional analyses, joint-damage severity correlated strongly between left and right, but only weakly between the hands and feet. Disease would be incorrectly classified as non-erosive in 19.3% of patients if unilateral images were used, and in 24.0–40.4% of patients if hands were analysed without feet. Longitudinal analyses similarly showed that progression of RA would have been missed in 11.6–16.2% or 21.2–31.0% of patients, if using unilateral or solely hand images, respectively.

**Original article** Knevel, R. *et al.* Evaluating joint destruction in rheumatoid arthritis: is it necessary to radiograph both hands and feet? *Ann. Rheum. Dis.* doi:10.1136/annrheumdis-2012-201391

### BIOMARKERS

#### Repeat tests of no value in inflammatory polyarthritis

To determine their stability and prognostic value, levels of anti-cyclic citrullinated peptide (anti-CCP) antibodies and rheumatoid factor (RF) were measured at baseline and at 5 years in patients with early undifferentiated inflammatory polyarthritis. At baseline, 28% of 640 patients were seropositive for anti-CCP antibodies ( $\geq 5$  U/ml) and 29% were positive for RF (titre  $\geq 1:40$ ). Anti-CCP status changed over the 5-year period in 2% of patients, and RF status in 17%. Although a baseline anti-CCP antibody titre of 2–5 U/ml (below the cut-off for positivity) was strongly associated with erosions at 5 years (OR 3.6; 95% CI 1.5–8.3;  $P=0.003$ ), repeat anti-CCP antibody or RF testing had no prognostic value and is not recommended in routine clinical practice.

**Original article** Burr, M. L. *et al.* Long-term stability of anti-cyclic citrullinated peptide antibody status in patients with early inflammatory polyarthritis. *Arthritis Res. Ther.* doi:10.1186/ar3834