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IN BRIEF

RHEUMATOID ARTHRITIS

Oral versus subcutaneous methotrexate therapy for early RA

A multicentre, prospective cohort study comparing the effectiveness of oral versus subcutaneous methotrexate in patients with early rheumatoid arthritis (RA) found subcutaneous therapy to be associated with a lower rate of treatment changes than oral therapy. 49% of patients initially treated with subcutaneous methotrexate had changed treatment at 1 year, compared with 77% of those treated with oral methotrexate ($n=666$; 417 oral, 249 subcutaneous). Most treatment changes occurred due to lack of treatment effectiveness rather than due to any differences in toxicity between the two treatment routes. Multivariate analysis found that subcutaneous methotrexate treatment was associated with lower average 28-joint disease activity scores (OR -0.38 , 95% CI -0.64 to 0.10) than oral therapy. Notably, however, patients treated with subcutaneous methotrexate received a higher dose of the drug than those who received the drug orally (mean dose during the first 3 months 22.3 mg per week versus 17.2 mg per week).

Original article Hazlewood, G. S. *et al.* The comparative effectiveness of oral versus subcutaneous methotrexate for the treatment of early rheumatoid arthritis. *Ann. Rheum. Dis.* doi:10.1136/annrheumdis-2014-206504

CONNECTIVE TISSUE DISEASES

Watchful waiting strategy for patients with SSc-ILD

A retrospective cohort study ($n=151$) has found that a watch-and-wait strategy can be an effective approach for deciding when to start immunosuppressive therapy in patients newly diagnosed with systemic sclerosis-associated interstitial lung disease (SSc-ILD). Patients treated or not treated with immunosuppressive regimens were compared in terms of their characteristics at the time of ILD diagnosis and a decision model for watchful waiting was developed. Patients who were eligible for watchful waiting (i.e. untreated individuals) had improved survival, were less likely to have gastrointestinal involvement or pulmonary arterial hypertension (PAH), and had less pulmonary involvement compared with treated individuals. The authors conclude that watchful waiting could be effective for SSc-ILD patients with minimal pulmonary involvement and without PAH.

Original article Kwon, H. M. *et al.* A decision model for the watch-and-wait strategy in systemic sclerosis-associated interstitial lung disease. *Rheumatology (Oxford)* doi:10.1093/rheumatology/kev121

RHEUMATOID ARTHRITIS

Link between RA and cardiovascular disease risk

Data from >160,000 postmenopausal women included in the Women's Health Initiative indicate that women with RA are at 1.5–2.5-fold higher risk of cardiovascular disease (CVD) morbidity and mortality over 10 years compared with women without RA (outcomes assessed included coronary heart disease, stroke, CVD, fatal CVD and total mortality). Positivity for anti-cyclic citrullinated peptide (anti-CCP) antibodies or rheumatoid factor was not associated with a higher risk of any outcomes, despite the slightly higher risk of fatal CVD and death for individuals with anti-CCP⁺ versus anti-CCP⁻ RA. Severity of joint pain and CVD risk factors were strongly associated with CVD risk, even in women without RA.

Original article Mackey, R. H. *et al.* Rheumatoid arthritis, anti-CCP positivity, and cardiovascular disease risk in the Women's Health Initiative. *Arthritis Rheumatol.* doi:10.1002/art.39198