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IN BRIEF

RHEUMATOID ARTHRITIS

Chronic underdiagnosis of CVD in patients with RA

Data on 327 patients with rheumatoid arthritis (RA) from the FRANCIS study show that risk factors linked to cardiovascular disease (CVD) are frequently underdiagnosed and undertreated in this group. Over 80% of patients with a 10-year CVD risk ≥10% (assessed using two different adaptations of Systemic Coronary Risk Evaluation tables) had elevated LDL cholesterol levels, and 32–42% had hypertension. Over half of those receiving treatment (6% statins, 23–25% antihypertensive drugs) did not achieve recommended treatment targets.

ORIGINAL ARTICLE van Breukelen-van der Stoep, D. F. *et al.* Marked underdiagnosis and undertreatment of hypertension and hypercholesterolaemia in rheumatoid arthritis. *Rheumatology (Oxford)* http://dx.doi.org/10.1093/rheumatology/kew039 (2016)

THERAPY

Methotrexate dosing can be optimized

In the CAMERA II trial, individual patients' curves for rheumatoid arthritis disease activity over time reveal the optimal methotrexate dose (that achieving a maximal improvement in disease activity). For 204 of 236 patients, the lowest optimally efficient dose (LOED) could be calculated: 10 mg weekly was the most frequent LOED in the 104 patients receiving both methotrexate and prednisone, while the 100 patients receiving methotrexate only, had LOEDs of 10 mg, 20 mg or 30 mg weekly. The researchers suggest 10 mg weekly as a sensible starting dose, although some patients require ≥15 mg weekly.

ORIGINAL ARTICLE Nair, S. C. *et al.* Determining the lowest optimally effective methotrexate dose for individual RA patients using their dose response relation in a tight control treatment approach. *PLoS One* **11**, e0148791 (2016)

SPONDYLOARTHROPATHIES

Anti-TNF drugs should be tapered, not halted

Discontinuation is more efficacious than tapering of anti-TNF therapy in maintaining low disease activity (LDA) or remission status in patients with axial spondyloarthritis, according to a systematic review of 13 studies. Although the researchers assess the level of evidence as weak, discontinuation of anti-TNF therapy (in five studies) led to flare in 76–100% of patients, whereas tapering by reducing the frequency of anti-TNF administration (in eight studies) enabled 53–100% of patients to maintain LDA or remission.

ORIGINAL ARTICLE Navarro-Compán, V. *et al.* Anti-TNF discontinuation and tapering strategies in patients with axial spondyloarthritis: a systematic literature review. *Rheumatology (Oxford)* http://dx.doi.org/10.1093/rheumatology/kew033 (2016)

PREVENTION

Time to re-evaluate herpes zoster vaccination?

Age-specific incidence rates of herpes zoster infection are 1.5–2.0 times higher in patients aged ≥40 years with rheumatoid arthritis (RA) and systemic lupus erythematosus (SLE) than in healthy adults aged ≥60 years (for whom vaccination is recommended). Incidence rates peaked at an average of 19.9 per 1,000 patient-years in patients with SLE, suggesting that vaccination might be beneficial. Live vaccine is not currently recommended in these immunocompromised patients, but safety studies are underway.

ORIGINAL ARTICLE Yun H. *et al.* Risk of herpes zoster in auto-immune and inflammatory diseases: implications for vaccination. *Arthritis Rheumatol.* http://dx.doi.org/10.1002/art.39670 (2016)