

IN BRIEF

RHEUMATOID ARTHRITIS**Comparing durability of combination therapies**

According to observations from a follow-up study of the RACAT trial looking at patients with rheumatoid arthritis who have suboptimal responses to methotrexate, triple therapy with methotrexate, sulfasalazine and hydroxychloroquine is more durable than combined methotrexate–etanercept therapy. Of the 289 patients followed up, 78% remained on triple therapy at 1 year compared with 63% who remained on methotrexate–etanercept therapy; significantly more patients changed from methotrexate–etanercept therapy to triple therapy than vice versa ($P = 0.005$).

ORIGINAL ARTICLE Peper, S. M. *et al.* Rheumatoid arthritis treatment after methotrexate: triple therapy is more durable than etanercept. *Arthritis Care Res. (Hoboken)* <http://dx.doi.org/10.1002/acr.23255> (2017)

OSTEOARTHRITIS**Pain variables differ in their associated markers**

Post-hoc analysis of a randomized clinical trial of 109 patients with knee osteoarthritis shows that pain at rest and pain on movement are associated with different profiles of proinflammatory biomarkers, indicating that these pain characteristics might originate from different mechanisms. IL-6 and IL-8 concentrations in the synovial fluid were significantly associated with self-reported pain on movement but not pain at rest (when measured on the Likert scale), whereas TNF concentration was significantly associated with both.

ORIGINAL ARTICLE Leung, Y. Y. *et al.* Synovial fluid pro-inflammatory profile differs according to the characteristics of knee pain. *Osteoarthritis Cartilage* <http://dx.doi.org/10.1016/j.joca.2017.04.001> (2017)

SYSTEMIC LUPUS ERYTHEMATOSUS**Atherosclerosis confined to patients with nephritis**

Clinical subgroup analysis of patients with systemic lupus erythematosus (SLE) ($n = 281$) and age and sex-matched population controls reveals that accelerated atherosclerosis is mainly confined to a subgroup of patients with SLE and nephritis. The patients with nephritis had significantly more carotid plaques than their respective controls ($P = 0.008$), which was not the case for the patients with antiphospholipid antibodies or SSA and/or SSB antigens. Plaques occurred twice as often in the patients with nephritis (23%) than in the patients without nephritis (11%, $P = 0.038$) or in controls (12%, $P = 0.035$).

ORIGINAL ARTICLE Gustafsson, J. T. *et al.* Excess atherosclerosis in systemic lupus erythematosus, a matter of renal involvement: case control study of 281 SLE patients and 281 individually matched population controls. *PLoS ONE* <http://dx.doi.org/10.1371/journal.pone.0174572> (2017)

OSTEOARTHRITIS**Rare genotypes associated with hip replacement**

A genome-wide association study has identified genetic variants that are strongly associated with total hip replacement (THR) in patients with osteoarthritis. Whole-genome sequencing of Icelandic patients with osteoarthritis who had undergone THR ($n = 4,657$) and population controls ($n = 207,514$) revealed a rare missense variant in *COMP* and a recessive frameshift mutation in *CHADL*. When undergoing THR, patients homozygous for either the *COMP* or *CHADL* variants were on average 13.5 years and 4.9 years younger, respectively, than heterozygous individuals and non-carriers.

ORIGINAL ARTICLE Styrkarsdottir, U. *et al.* Whole-genome sequencing identifies rare genotypes in *COMP* and *CHADL* associated with high risk of hip osteoarthritis. *Nat. Genet.* <http://dx.doi.org/10.1038/ng.3816> (2017)