IN BRIEF

PULMONARY ARTERIAL HYPERTENSION

Clinical experience with bosentan and sitaxentan in connective tissue disease-associated pulmonary arterial hypertension

Valerio, C. J. *et al. Rheumatology (Oxford)* doi:10.1093/rheumatology/keq241

The endothelin receptor antagonists bosentan and sitaxentan have been shown to be equally effective in patients with connective tissue disease and associated pulmonary arterial hypertension. Both drugs decreased pulmonary vascular resistance, hemoglobin levels and N-terminal pro-B-type natriuretic peptide levels, but neither demonstrated overall superiority.

CONNECTIVE TISSUE DISEASES

Skin thickness progression rate: a predictor of mortality and early internal organ involvement in diffuse scleroderma

Domsic, R. T. *et al. Ann. Rheum. Dis.* doi:10.1136/ard.2009.127621

In an analysis of 826 patients with diffuse cutaneous systemic sclerosis evaluated between 1980 and 2005, a rapid rate of skin thickening was shown to be an independent predictor of mortality (odds ratio [OR] 1.72, $P=0.01$) and renal crisis (OR 2.05, $P=0.02$) within 2 years. The easy-to-perform measurement of skin thickening rate at the time of initial evaluation could assist early identification of high-risk patients.

RHEUMATOID ARTHRITIS

Preclinical and clinical investigation of a CCR5 antagonist, AZD5672, in patients with rheumatoid arthritis receiving methotrexate

Gerlag, D. M. *et al. Arthritis Rheum.* doi:10.1002/art.27652

Results of a phase IIb randomized, placebo-controlled study suggest that AZD5672, a potent and selective antagonist of CC-chemokine receptor 5 (CCR5), is no more effective than placebo and less effective than etanercept in patients with rheumatoid arthritis receiving methotrexate. CCR5 antagonism alone is, therefore, unlikely to be a successful treatment strategy for this disease.

PHARMACOLOGY

Proton pump inhibitors interfere with the immunosuppressive potency of mycophenolate mofetil

Schaier, M. *et al. Rheumatology (Oxford)* doi:10.1093/rheumatology/keq238

The proton pump inhibitor (PPI) pantoprazole reduces the immunosuppressive potency of mycophenolate mofetil (MMF) in patients with autoimmune diseases, according to a new study. The peak concentration of MMF was reduced by 60% in patients who received both drugs compared with those who received MMF alone. The PPI-induced decrease in stomach acidity, which is required to release active mycophenolic acid from MMP, is the most likely explanation for these findings.