

LUPUS NEPHRITIS

Ciclosporin or intravenous cyclophosphamide for lupus nephritis: the Cyclofa-Lune study

Zavada, J. *et al. Lupus* **19**, 1281–1289 (2010)

Intravenous cyclophosphamide is regarded as the cornerstone of treatment for proliferative lupus nephritis, but it is also associated with potentially severe toxic effects. A randomized trial has indicated that ciclosporin—a potentially safer alternative—is as effective as cyclophosphamide when used as induction and maintenance therapy in patients with proliferative lupus nephritis and preserved renal function. Remission and treatment response rates were similar in both groups after induction and maintenance phases. Ciclosporin therapy was associated with transient blood pressure increases and reversible decreases in glomerular filtration rate.

BONE DISEASES

Effects of intravenous zoledronic acid plus subcutaneous teriparatide [(1–34)rhPTH] in postmenopausal women

Cosman, F. *et al. J. Bone Miner. Res.* doi:10.1002/jbmr.238

In women with postmenopausal osteoporosis, the anabolic effect of teriparatide seems to be diminished by concomitant administration of antiresorptive bisphosphonates. However, this limiting effect might be reduced if bisphosphonates are given infrequently. Results of a randomized study performed in 412 women seem to support this theory. Participants received a single infusion of zoledronic acid 5 mg followed by daily teriparatide 20 µg injections (combination group), or either treatment as monotherapy, for 52 weeks. Combination therapy was found to cause the largest and fastest increases in bone mineral density at the spine and hip compared to either monotherapy regimen.

LUPUS NEPHRITIS

Azathioprine versus mycophenolate mofetil for long-term immunosuppression in lupus nephritis: results from the MAINTAIN Nephritis Trial

Houssiau, F. A. *et al. Ann. Rheum. Dis.* doi:10.1136/ard.2010.131995

The aim of long-term immunosuppressive therapy in patients with lupus nephritis is to maintain remission and prevent renal flares—an aim that is perhaps not currently being met adequately with standard combination therapy of steroids plus high-dose cyclophosphamide. Two proposed alternative maintenance regimens involve mycophenolate mofetil (MMF) and azathioprine, which were compared in a randomized superiority study of 105 patients with lupus nephritis. The results failed to show superiority of either regimen over the other: although fewer flares were observed in the MMF group, the difference between this and the azathioprine group was not significant.