Nature Reviews Rheumatology **7**, 496 (2011); published online 9 August 2011; doi:10.1038/nrrheum.2011.120

IN BRIEF

CONNECTIVE TISSUE DISEASES

First-trimester low-dose prednisolone in refractory antiphospholipid antibody-related pregnancy loss

Bramham, K. *et al. Blood* **117**, 6948–6951 (2011)

The addition of low-dose prednisolone to aspirin and heparin in women with a history of refractory antiphospholipid-antibody-associated pregnancy loss might improve pregnancy outcomes when administered up to 14 weeks' gestation, according to a study by Bramham and colleagues. However, as the rate of complications remained elevated, further study will be needed to assess the true value of this approach.

RHEUMATOID ARTHRITIS

Risk of rheumatoid arthritis following vaccination with tetanus, influenza and hepatitis B vaccines among persons 15–59 years of age

Ray, P. *et al. Vaccine* doi:10.1016/j.vaccine.2011.06.112

In a cohort analysis and subsequent case–control analysis, Ray and colleagues found no evidence that vaccination with tetanus, influenza or hepatitis B is associated with an increased risk of developing rheumatoid arthritis (RA).

SPONDYLOARTHROPATHIES

High-dose etanercept in ankylosing spondylitis: results of a 12-week randomized, double blind, controlled multicentre study (LOADET study)

Navarro-Sarabia, F. *et al. Rheumatology (Oxford)* doi:10.1093/rheumatology/ker083

In a 12-week randomized study, Navarro-Sarabia and colleagues showed that high-dose (100 mg per week) etanercept was as safe—but no more effective—as the standard dose (50 mg per week) in patients with ankylosing spondylitis. The ASAS20 (Ankylosing Spondylitis Assessment Study 20) response was achieved by 34 (71%) of 48 patients receiving the high dose and by 37 (76%) of 49 patients receiving the standard dose.

RHEUMATOID ARTHRITIS

Efficacy and safety of the human anti-IL-1beta monoclonal antibody canakinumab in rheumatoid arthritis: results of a 12-week, phase II, dose-finding study

Alten, R. *et al. BMC Musculoskelet. Disord.* **12**, 153 (2011)

The addition of subcutaneous canakinumab 150 mg every 4 weeks to standard methotrexate therapy in patients with RA was associated with a considerably higher rate of improvement at 12 weeks (according to American College of Rheumatology criteria for 50% improvement [ACR50]) compared with placebo plus methotrexate. The occurrence of some injection-site reactions notwithstanding, no major safety issues were associated with canakinumab use.