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IN BRIEF

RHEUMATOID ARTHRITIS

'Squeeze test' improves assessment of disease activity

A study investigating the addition of a metatarsophalangeal joint 'squeeze test' (for assessment of bilateral compression pain) to the 28-joint disease activity score for classification of early rheumatoid arthritis (RA) found that it improved accurate classification of disease activity. The increase in accuracy was greatest for patients with only forefeet arthritis ($n=22$), and the squeeze test also increased specificity, while reducing sensitivity, for identifying true remission.

Original article de Jong, P.H. *et al.* To squeeze or not to squeeze, that's the question! Optimizing DAS28 by adding squeeze test of MTPs, in early RA. *Arthritis Rheum.* doi:10.1002/art.34568

THERAPY

Suboptimal methotrexate therapy is nevertheless effective

In 777 patients with early arthritis from the French observational ESPOIR cohort, 313 received methotrexate in the first 6 months of follow-up. The mean dose was lower than recommended (12.7 ± 3.8 mg/week), and only 53.7% of these patients received folic acid supplementation. Despite the suboptimal use, patients who received methotrexate showed a significant decrease in radiological progression of arthritis at 12-month follow-up compared with those who did not receive the drug (1.05 ± 0.29 vs 2.02 ± 0.29 , $P=0.025$).

Original article Gaujoux-Viala, C. *et al.* Evidence of the symptomatic and structural efficacy of methotrexate in daily practice as the first disease-modifying drug in rheumatoid arthritis despite its suboptimal use: results from the ESPOIR early synovitis cohort. *Rheumatology (Oxford)* doi:10.1093/rheumatology/kes135

RHEUMATOID ARTHRITIS

Combination DMARD induction therapy is best

In the tREACH trial, 281 patients with newly diagnosed rheumatoid arthritis were randomly assigned to three different induction DMARD strategies: combination therapy (methotrexate, sulfasalazine and hydroxychloroquine), with either oral or intramuscular glucocorticoids, or methotrexate with oral glucocorticoids. At 3-month follow-up, patients who received the combination therapy had a lower disease activity score (0.39, 95% CI 0.67–0.11) than those who received methotrexate monotherapy. Intramuscular and oral glucocorticoids were equally effective bridging therapies.

Original article de Jong, P.H. *et al.* Induction therapy with a combination of DMARDs is better than methotrexate monotherapy: first results of the tREACH trial. *Ann. Rheum. Dis.* doi:10.1136/annrheumdis-2011-201162

CRYSTAL ARTHRITIS

Pegloticase therapy improves quality of life

Pegloticase therapy improves physical function and health-related quality of life in patients with refractory chronic gout, according to this analysis of patient-reported-outcome data. At week 25, patients who received 8 mg pegloticase biweekly ($n=85$) showed significant, clinically meaningful improvements in patient global assessment of disease activity, pain, Health Assessment Questionnaire Disability Index and physical component summary scores, whereas patients who received placebo did not ($n=43$).

Original article Strand, V. *et al.* Improved health-related quality of life and physical function in patients with refractory chronic gout following treatment with pegloticase: evidence from phase III randomized controlled trials. *J. Rheumatol.* doi:10.3899/jrheum.111375