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## IN BRIEF

### RHEUMATOID ARTHRITIS

#### Methodotrexate therapy confers survival advantage

In a long-term prospective study following 5,626 patients with rheumatoid arthritis for 25 years, methotrexate use was associated with a substantial reduction in risk of death, after adjustment for individual propensity for methotrexate use (adjusted HR 0.30; 95% CI 0.09–1.03). The reduction in mortality risk was evident only in those who used the therapy for >1 year, but higher cumulative exposure did not translate into increased survival.

**Original article** Wasko, M. C. *et al.* Propensity-adjusted association of methotrexate with overall survival in rheumatoid arthritis. *Arthritis Rheum.* doi:10.1002/art.37723

### INFLAMMATION

#### Rilonacept for familial Mediterranean fever?

The IL-1 decoy receptor rilonacept could be a therapeutic alternative for patients with familial Mediterranean fever who are resistant to, or intolerant of, treatment with colchicine. In a randomized, double-blind, single-participant alternating treatment study, the median number of attacks per month during 3-month courses of rilonacept 2.2 mg/kg was 0.77, compared with 2.00 during 3-month courses of placebo (median difference –1.74, 95% CI –3.4 to –0.1) in the 12 patients who completed the study. The duration of attacks did not differ between courses of placebo and rilonacept, however, and injection site reactions were more frequent with rilonacept.

**Original article** Hashkes, P. J. *et al.* Rilonacept for colchicine-resistant or -intolerant familial Mediterranean fever: a randomized trial. *Ann. Intern. Med.* 157, 533–541 (2012)

### SPONDYLOARTHRITIS

#### Arterial stiffness unchanged by anti-TNF therapy

In 49 patients with long-standing and active ankylosing spondylitis, anti-TNF treatment did not improve arterial stiffness (as measured by augmentation index and pulse wave velocity) after 6 months or 12 months, despite improvements in inflammation and disease activity. Lipid profiles and other cardiovascular risk factors also remained unchanged.

**Original article** Mathieu, S. *et al.* No significant changes in arterial stiffness in patients with ankylosing spondylitis after tumour necrosis factor  $\alpha$  blockade treatment for 6 and 12 months. *Rheumatology (Oxford)* doi:10.1093/rheumatology/kes272

### THERAPY

#### Rapid infusion of rituximab seems to be safe and well-tolerated

Accelerated intravenous infusion of rituximab (total infusion time 120 min, instead of 255 min) was reported to be safe and well-tolerated in a single-centre study in patients with various autoimmune diseases. A total of 77 fast infusions were administered to the 68 patients in the study, 60 of whom had rheumatoid arthritis. The results are consistent with reports of rapid infusion of rituximab in oncological settings.

**Original article** Can, M. *et al.* Accelerated infusion rates of rituximab are well tolerated and safe in rheumatology practice: a single-centre experience. *Clin. Rheumatol.* doi:10.1007/s10067-012-2094-1