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## IN BRIEF

### RHEUMATOID ARTHRITIS

#### Matrix predicts progression in patients with early RA

A matrix has been developed to predict which patients with early rheumatoid arthritis will have rapid radiographic progression (RRP) despite treatment with DMARDs. On the basis of data from 370 patients, 11.1% of whom had RRP (defined by change in van der Heijde-modified Sharp score) after 1 year, key baseline predictors of RRP are swollen joint count, C-reactive protein level, and the presence of anticitrullinated protein antibodies and radiographic erosions.

**Original article** Fautrel B. *et al.* Matrix to predict rapid radiographic progression of early rheumatoid arthritis patients from the community treated with methotrexate or leflunomide: results from the ESPOIR cohort. *Arthritis Res. Ther.* 14, R249 (2012)

### CLINICAL TRIALS

#### MK5 inhibitor clinical trial shows no efficacy in RA

A phase II study examining the effects of GPLG0259, an inhibitor of MAP kinase-activated protein kinase 5 (MK5), in rheumatoid arthritis (RA) has been stopped. The MAP kinase cascade regulates cytokine production and is an attractive target for pharmacological intervention. 30 patients with methotrexate-refractory RA were randomly assigned to receive either GPLG0259 or placebo, along with a stable dose of methotrexate, for 12 weeks. The percentage of patients who achieved an American College of Rheumatology 20% improvement (ACR20) response was the same in the GPLG0259 group as in the placebo group.

**Original article** Westhovens, R. *et al.* Oral administration of GLPG0259, an inhibitor of MAPKAPK5, a new target for the treatment of rheumatoid arthritis: a phase II, randomised, double-blind, placebo-controlled, multicentre trial. *Ann. Rheum. Dis.* doi:10.1136/annrheumdis-2012-202221

### THERAPY

#### Corticosteroid injections offer scant relief from sciatica

A meta-analysis of the literature on epidural corticosteroid injections for the treatment of sciatica, incorporating data from 23 trials, has shown that this treatment has no effect on long-term ( $\geq 12$  months) pain or disability. Leg pain, back pain and disability levels were converted to 0–100 scales. Small but statistically significant differences were seen in short-term ( $> 2$  weeks but  $\leq 3$  months) leg pain and disability, with mean changes of  $-6.2$  and  $-3.1$ , respectively. Nevertheless, thresholds for clinically important changes are considered to be between 10 and 30.

**Original article** Pinto, R. Z. *et al.* Epidural corticosteroid injections in the management of sciatica: a systematic review and meta-analysis. *Ann. Intern. Med.* (in press)

### PAEDIATRIC RHEUMATOLOGY

#### Poor health-care transition planning for adolescent patients

As patients with juvenile rheumatologic conditions become adults, they transition from carer-led health care to autonomy in self-management. This health-care transition process is underappreciated by rheumatologists, according to an online survey of 134 of their young patients in the USA. Less than half of respondents reported talking to their rheumatologist about adult health-care needs, and only about one-third of patients discussed transferring to adult medicines.

**Original article** Wells, C. K. *et al.* Youth report of healthcare transition counseling and autonomy support from their rheumatologist. *Pediatric Rheumatology* 10, 36 (2012)