

*Nature Reviews Rheumatology* 9, 64 (2013); published online 18 December 2012;  
 doi:10.1038/nrrheum.2012.228;  
 doi:10.1038/nrrheum.2012.229;  
 doi:10.1038/nrrheum.2012.230;  
 doi:10.1038/nrrheum.2012.231

## IN BRIEF

### RHEUMATOID ARTHRITIS

#### SWEFOT quality-of-life results show no benefit of infliximab

After 21 months of follow-up in the SWEFOT trial, improvements in quality of life were similar in patients with methotrexate-resistant early rheumatoid arthritis (RA) who received infliximab ( $n=128$ ) or sulfasalazine and hydroxychloroquine ( $n=130$ ) in addition to continued methotrexate therapy. No between-group difference was detected in either EuroQol 5-Dimensions utility score or the number of quality-adjusted life-years.

**Original article** Karlsson, J. A. *et al.* Addition of infliximab compared with addition of sulfasalazine and hydroxychloroquine to methotrexate in early rheumatoid arthritis: 2-year quality-of-life results of the randomised, controlled, SWEFOT trial. *Ann. Rheum. Dis.* doi:10.1136/annrheumdis-2012-202062

### CONNECTIVE TISSUE DISEASES

#### Immunization of patients with SLE with IFN

After previously being shown to reduce disease progression in mouse models of lupus, a drug comprising inactivated interferon- $\alpha$  (IFN- $\alpha$ ) coupled to a carrier molecule was tested in a phase I–II study of 28 women with systemic lupus erythematosus. All immunized patients produced anti-IFN- $\alpha$  antibodies, titres of which correlated with baseline expression of IFN- $\alpha$ -induced genes. The antibody response in patients who expressed IFN- $\alpha$ -induced genes at baseline was associated with reduced expression of those genes, and with recovery of serum levels of complement C3.

**Original article** Lauwerys, B. R. *et al.* Down-regulation of interferon signature in systemic lupus erythematosus patients by active immunization with interferon  $\alpha$ -kinoid. *Arthritis Rheum.* doi:10.1002/art.37785

### SURGERY

#### Risk factors for revision of primary hip surgery

A case–control analysis of 1,438 primary total hip replacement surgeries in the USA has found that the risk of revision surgery within 12 years is increased in patients of younger age, greater weight, or greater height, or those who lived with others (as opposed to alone) at the time of surgery. Use of a cemented femoral component, previous orthopaedic surgery and contralateral primary hip surgery were also risk factors for revision.

**Original article** Wright, E. A. *et al.* Risk factors for revision of primary total hip replacement: results from a national case-control study. *Arthritis Care Res. (Hoboken)* doi:10.1002/acr.21760

### RHEUMATOID ARTHRITIS

#### Glucocorticoids increase the risk of myocardial infarction

A retrospective study of 8,384 patients with RA currently or previously treated with oral glucocorticoids has found a correlation between use of these agents and myocardial infarction (MI). The risk of MI was greatest for those currently taking glucocorticoids (HR 1.68), but cumulative duration of use also increased the risk (HR 1.29 per year of use). Higher daily dose, either current or cumulative, was also associated with increased risk of MI (HR 1.10 per gram accumulated in the past; HR 1.24 for each 5 mg per day increase in current use).

**Original article** Aviña-Zubieta, J. A. *et al.* Immediate and past cumulative effects of oral glucocorticoids on the risk of acute myocardial infarction in rheumatoid arthritis: a population-based study. *Rheumatology (Oxford)* doi:10.1093/rheumatology/kes353