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IN BRIEF

OSTEOARTHRITIS

Damaged knees? It's not too late to lose weight...

In obese patients with knee osteoarthritis (OA), losing weight can alleviate the symptoms of joint pathology; now, a new study indicates that existing joint damage does not preclude such relief. Obese patients aged >50 years had structural damage, muscle strength and knee alignment assessed in their most symptomatic knee at baseline, using MRI and radiography. Following clinically-relevant weight loss, the degree of symptomatic relief was not associated with baseline joint damage parameters.

Original article Gudbergson, H. *et al.* Weight loss is effective for symptomatic relief in obese subjects with knee osteoarthritis independently of joint damage severity assessed by high-field MRI and radiography. *Osteoarthritis Cartilage* doi:10.1016/j.joca.2012.02.639

CRYSTAL ARTHRITIS

Serum PTH associated with uric acid and hyperuricemia

Does parathyroid hormone (PTH) increase the risk of gout? A study in 8,316 nationally representative US adults found that serum PTH levels were independently associated with serum uric acid levels and the frequency of hyperuricemia, at the population level.

Original article Hui, J. *et al.* The independent association between parathyroid hormone levels and hyperuricemia: a national population study. *Arthritis Res. Ther.* 14, R56 (2012)

PEDIATRIC RHEUMATOLOGY

Prednisolone improves IVIg outcomes in Kawasaki disease

Coronary artery abnormalities frequently affect patients with Kawasaki disease (standard therapy for which is intravenous immunoglobulin, IVIg). In a prospective, open-label, blinded-endpoints trial in Japan, 125 and 123 patients respectively were randomized to receive either IVIg (2 g/kg for 24 h plus aspirin 30 mg/kg per day) alone, or the IVIg regimen plus prednisolone (2 mg/kg per day, for 15 days after C-reactive protein levels normalized). Significantly fewer coronary artery abnormalities occurred in the IVIg plus prednisolone group than in the IVIg alone group (risk difference 0.2, 95% CI 0.12–0.28, $P < 0.0001$).

Original article Kobayashi, T. *et al.* Efficacy of immunoglobulin plus prednisolone for prevention of coronary artery abnormalities in severe Kawasaki disease (RAISE study): a randomised, open-label, blinded-endpoints trial. *Lancet* doi:10.1016/S0140-6736(11)61930-2

THERAPY

No increase in congenital malformations with DMARDs

A registry study that linked pregnancies in Norway in 2004–2007 (154,976 pregnancies) with antirheumatic drug prescriptions during pregnancy, and for 3 months pre-conception in either parent, reported that no children were born with major malformations to parents who received methotrexate, adalimumab, leflunomide or etanercept. Taking these drugs and NSAIDs, sulfasalazine, prednisolone, azathioprine and hydroxychloroquine into account, OR of major malformation was 1.05 (95% CI 0.79–1.40) for children of women and 1.26 (95% CI 0.93–1.71) for the offspring of men prescribed the drugs.

Original article Viktil, K. K. *et al.* Outcomes after anti-rheumatic drug use before and during pregnancy: a cohort study among 150 000 pregnant women and expectant fathers. *Scand. J. Rheumatol.* doi:10.3109/03009742.2011.626442