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IN BRIEF

RHEUMATOID ARTHRITIS

Less distress and disability in RA now than 20 years ago

Psychological distress and physical disability are less common in patients diagnosed with rheumatoid arthritis (RA) now than in those diagnosed 20 years ago. In a study of 1,151 consecutive patients in the Utrecht Rheumatoid Arthritis Cohort, 53% of those diagnosed in 1994–1998 were physically disabled at 4-year follow-up, compared with 31% of those diagnosed in 2007–2011. The percentage of patients with depressed mood decreased from 25% to 14%, and with anxiety from 23% to 12%, over the same time period. Analyses indicate that this trend could be in part attributable to reduced disease activity.

Original article Overman, C. L. *et al.* Patients with rheumatoid arthritis nowadays are less psychologically distressed and physically disabled than patients two decades ago. *Arthritis Care Res. (Hoboken)* doi:10.1002/acr.22211

VASCULITIS SYNDROMES

Abatacept for granulomatosis with polyangiitis

The results of an open-label prospective trial with 20 patients indicate that abatacept could be an effective therapy for long-standing, non-severe relapsing granulomatosis with polyangiitis (formerly Wegener's granulomatosis). Following treatment with abatacept 10 mg/kg by intravenous infusion on days 1, 15, 29 and every 4 weeks thereafter, 18 (90%) showed improvement in disease activity and 16 (80%) achieved remission, as measured by use of the Birmingham Vasculitis Activity Score for Wegener's Granulomatosis. The median length of time on the study was 12.3 months (range 2–35 months). Of note, any therapy with methotrexate, azathioprine or mycophenolate mofetil was continued, whereas glucocorticoid therapy was permitted only for the first 2 months (11 of 15 patients on prednisone successfully tapered to 0 mg).

Original article Langford, C. A. *et al.* An open-label trial of abatacept (CTLA4-IG) in non-severe relapsing granulomatosis with polyangiitis (Wegener's). *Ann. Rheum. Dis.* doi:10.1136/annrheumdis-2013-204164

OSTEOARTHRITIS

NASHA as good as steroids for knee OA

A single intra-articular injection of non-animal stabilized hyaluronic acid (NASHA) was noninferior to methylprednisolone acetate (MPA) for the treatment of pain in knee osteoarthritis (OA) at 12 weeks, according to the results of a prospective, double-blind, multicentre, randomized trial. 442 patients with painful unilateral knee OA were enrolled in the study, and response rates were defined as percentage of patients who achieved $\geq 40\%$ improvement in Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC) pain score and an absolute improvement of ≥ 5 points from baseline. At 12 weeks, 44.6% in the NASHA group and 46.2% in the MPA group showed clinical responses. No serious adverse events were reported. In an open-label extension phase beginning at week 26, treatment with NASHA led to sustained improvements in WOMAC outcomes over a further 26 weeks.

Original article Leighton, R. *et al.* NASHA hyaluronic acid vs methylprednisolone for knee osteoarthritis: a prospective, multi-centre, randomized, non-inferiority trial. *Osteoarthritis Cartilage* doi:10.1016/j.joca.2013.10.009