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IN BRIEF

SPONDYLOARTHROPATHIES

DMARD treatment changes common in patients with PsA

A retrospective study of commercially insured patients with psoriatic arthritis (PsA) indicates that treatment discontinuation, treatment switches and therapy add-ons are common within the first year of starting therapy. 69% of patients who began treatment with an oral nonbiologic DMARD ($n=1,698$) and 46% of those who began treatment with a biologic DMARD ($n=3,263$) had ≥ 1 therapy change (median time to change 85 days and 110 days, respectively) over the 12-month study period.

Original article Zhang, H. *et al.* Treatment patterns in psoriatic arthritis patients newly initiated on oral nonbiologic or biologic disease-modifying antirheumatic drugs. *Arthritis Res. Ther.* 16, 420 (2014)

BONE

Use of proton-pump inhibitors not linked to bone loss

According to data from the longitudinal Study of Women's Health Across the Nation (SWAN), changes in bone mineral density were similar in women who initiated use of proton-pump inhibitors (PPIs; $n=207$), new users of histamine 2 receptor antagonists ($n=185$) and those who did not use either class of medications ($n=1,676$) over a median 9.9 years of follow-up. The findings add to evidence against the notion that PPI use accelerates bone loss and increases risk of fracture.

Original article Solomon, D. H. *et al.* Bone mineral density changes among women initiating proton pump inhibitors or H2 receptor antagonists: a SWAN Cohort study. *J. Bone Miner. Res.* doi:10.1002/jbmr.2344

CLINICAL TRIALS

Publication bias for publicly registered RCTs

Among phase II–IV randomized controlled trials (RCTs) of rheumatoid arthritis (RA) registered on Clinicaltrials.gov and completed by the end of 2009, 48 of 143 (33.6%) remained unpublished ≥ 30 months after completion. Positive outcome was associated with increased likelihood of publication (adjusted OR 4.3; 95% CI, 1.8–10.2; $P=0.001$) and with earlier publication (adjusted hazard ratio 1.9; 95% CI, 1.2–2.9; $P=0.006$). Large trials and those completed after 2005 were also more likely to be published sooner.

Original article Khan, N. A. *et al.* Randomized controlled trials of rheumatoid arthritis registered at clinicaltrials.gov: what gets published and when. *Arthritis Rheum.* doi:10.1002/art.38784

RHEUMATOID ARTHRITIS

Using DAS28 thresholds overestimates RA remission rates

In comparison with the simplified disease activity index (SDAI), the use of which is recommended by the ACR and EULAR to define remission in RA, 28-joint disease activity score underestimates RA disease activity whether calculated with C-reactive protein level (DAS28-CRP) or erythrocyte sedimentation rate (DAS28-ESR). In an analysis of five RCTs ($n=2,534$), use of established DAS28-CRP and DAS28-ESR cut-offs overestimated remission rates compared with SDAI, with higher discordance between DAS28-CRP and SDAI than between DAS28-ESR and SDAI.

Original article Fleischmann, R. *et al.* How much does disease activity score in 28 joints ESR and CRP calculations underestimate disease activity compared with the simplified disease activity index? *Ann. Rheum. Dis.* doi:10.1136/annrheumdis-2013-204920