

*Nature Reviews Rheumatology* 10, 698 (2014); published online 28 October 2014;  
 doi:10.1038/nrrheum.2014.184;  
 doi:10.1038/nrrheum.2014.186;  
 doi:10.1038/nrrheum.2014.185

## IN BRIEF

### OSTEOARTHRITIS

#### Leptin levels linked to obesity-related knee OA

Levels of the proinflammatory adipokine leptin contribute nearly half of the total effect of obesity on knee osteoarthritis (OA), according to a study using two different methods of mediation analysis. These findings add to the accumulating evidence of a pathogenetic role for metabolic factors (including leptin) in knee OA. Baseline data on BMI and serum leptin levels were obtained from 653 community-dwelling adults aged  $\geq 70$  years who participated in the population-based MOBILIZE Boston Study. In adjusted regression models, a  $5 \text{ kg/m}^2$  increase in BMI was associated with a 32% increase in the probability of OA, and a 200 pM increase in serum leptin was associated with an 11% increase in the probability of OA. Fat mass might be more predictive of knee OA than BMI, the researchers write.

**Original article** Fowler-Brown, A. *et al.* The mediating effect of leptin on the relationship between body weight and knee osteoarthritis in older adults. *Arthritis Rheumatol.* doi:10.1002/art.38913

### CONNECTIVE TISSUE DISEASES

#### Disease activity in systemic sclerosis—now you see me

Could nailfold videocapillaroscopy (NVC) be useful to assess disease activity in patients with systemic sclerosis, as well as for diagnostic and staging purposes? The results of a new cross-sectional study suggest they can. NVC and automated image analysis was used to assess all eight fingers of 107 patients with systemic sclerosis. The NVC findings correlated closely with disease activity scores obtained using the European Scleroderma Study Group (ESSG) composite index, the current gold standard for assessing disease activity in patients with systemic sclerosis. The presence of  $\geq 6$  microhaemorrhages or microthromboses (or the presence of 3–5 microhaemorrhages or microthromboses and  $\geq 3$  giant capillaries) on NVC identified the 41 patients with moderate to high disease activity (ESSG index  $\geq 3.0$ ) with sensitivity of 95.1%, specificity of 84.8% and accuracy of 88.7%. The researchers call for longitudinal studies to assess the sensitivity of this quick and easy assessment technique to changes in disease activity over time.

**Original article** Sambataro, D. *et al.* Nailfold videocapillaroscopy micro-haemorrhage and giant capillary counting as an accurate approach for a steady-state definition of disease activity in systemic sclerosis. *Arthritis Res. Ther.* doi:10.1186/s13075-014-0462-8

### OSTEOARTHRITIS

#### Intra-articular hyaluronic acid therapy in severe rhizarthrosis

A recent report shows that intra-articular injections of hyaluronic acid or betamethasone are similarly effective and well-tolerated treatments for Kellgren–Lawrence grade II–III rhizarthrosis. However, in the most severely affected patients (baseline functional index score  $\geq 5$  and pain score  $\geq 3$ ), hyaluronic acid led to substantially improved functioning versus betamethasone at 90 days and 180 days of follow-up. Patients with baseline pain scores  $\geq 5$  receiving hyaluronic acid showed substantial improvements after just 2 weeks, and these benefits were sustained for 180 days.

**Original article** Montfort, J. *et al.* Comparative efficacy of intra-articular hyaluronic acid and corticoid injections in osteoarthritis of the first carpometacarpal joint: Results of a 6-month single-masked randomized study. *Joint Bone Spine* doi:10.1016/j.jbspin.2014.08.008