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## IN BRIEF

### LUPUS NEPHRITIS

#### MMF not superior to AZA as maintenance therapy

The 10-year follow-up data from the MAINTAIN nephritis trial showed that mycophenolate mofetil (MMF) was not superior to azathioprine (AZA) as maintenance therapy for a population of white patients with proliferative lupus nephritis. Survival, kidney function, 24 h proteinuria and renal flares were assessed in 92 of 105 patients originally randomized to receive MMF or AZA between 2002 and 2006; 13 had been lost to follow-up. Death (2 in the AZA group, 3 in the MMF group) and end-stage renal disease (1 in the AZA group, 3 in the MMF group) were rare in both groups and time to flare did not differ between the two groups (22 flares in the AZA group and 19 in the MMF group). Interestingly, the authors found that an early decrease of 24 h proteinuria was indicative of a good long-term renal outcome.

**Original article** Tamirou, F. *et al.* Long-term follow-up of the MAINTAIN Nephritis Trial, comparing azathioprine and mycophenolate mofetil as maintenance therapy of lupus nephritis. *Ann. Rheum. Dis.* doi:10.1136/annrheumdis-2014-206897

### SPONDYLOARTHROPATHIES

#### Minimal disease activity linked to better outcomes in PsA

A *post hoc* analysis of the 5-year data from the GO-REVEAL trial showed that golimumab-treated patients with psoriatic arthritis (PsA) who achieved minimal disease activity (MDA) have better long-term outcomes than those who did not. GO-REVEAL was a phase III, randomized, double-blind, placebo-controlled trial in which patients with PsA were randomly assigned to receive placebo or golimumab (50 or 100 mg) subcutaneously every 4 weeks for 24 weeks, followed by an open-label extension to 5 years. At 5 years, ~50% of golimumab-treated patients achieved MDA at least once. This *post hoc* analysis compares the outcomes of patients who did and did not achieve MDA, regardless of the treatment they received. Patients who achieved MDA at  $\geq 3$  consecutive visits showed improved radiographic outcomes, better long-term functional improvement and improved patient global assessments compared to patients who did not regularly achieve MDA.

**Original article** Kavanaugh, A. *et al.* Patients with psoriatic arthritis who achieve minimal disease activity in response to golimumab therapy demonstrate less radiographic progression: results through 5 years of the randomized, placebo-controlled, GO-REVEAL study. *Arthritis Care Res. (Hoboken)* doi:10.1002/acr.22576

### PAIN

#### No effect of opioid use on response to pregabalin in FMS

Although opioids are not an approved treatment for patients with fibromyalgia syndrome (FMS), many patients continue to take these analgesics. Whether treatment with opioids influences the subsequent effectiveness of other agents, such as pregabalin, is unknown. A pooled analysis of four clinical trials ( $n=2,062$ ; 371 of whom had previously used opioids) published in the *Clinical Journal of Pain* found that patients with FMS treated with pregabalin had significant improvements in pain scores, FMS symptoms, anxiety and depression in comparison to those receiving placebo, regardless of whether they have previously used opioids or not.

**Original article** Argoff, C.E. *et al.* Prior opioid use does not impact the response to pregabalin in patients with fibromyalgia. *Clinical Journal of Pain* doi:10.1097/AJP.0000000000000232