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IN BRIEF

CRYSTAL ARTHRITIS

Stepping up febuxostat to treat gout flares

A stepwise dose increase of febuxostat was comparable to prophylactic low-dose colchicine for reducing flares in an open-label, randomized study of 241 patients with gout. Flares occurred in 20.8% of patients taking stepped-up (10 mg to 40 mg daily) febuxostat and in 18.9% of patients taking 40 mg daily febuxostat with low-dose colchicine, incidences that were significantly lower than those seen in patients taking 40 mg daily febuxostat alone ($P = 0.047$ and $P = 0.024$, respectively).

ORIGINAL ARTICLE Yamanaka, H. *et al.* Stepwise dose increase of febuxostat is comparable with colchicine prophylaxis for the prevention of gout flares during the initial phase of urate-lowering therapy: results from FORTUNE-1, a prospective, multicentre randomised study. *Ann. Rheum. Dis.* http://dx.doi.org/10.1136/annrheumdis-2017-211574 (2017)

OSTEOPOROSIS

Teriparatide preferable for fracture prevention

In a head-to-head trial of teriparatide versus risedronate in 1,360 post-menopausal women with severe osteoporosis (defined as having two moderate or one severe vertebral fractures and a bone mineral density T score of –1 or less), new vertebral fractures occurred in 5.4% of women taking teriparatide compared with 12% of those taking risedronate ($P < 0.0001$). Incidences of clinical fractures ($P = 0.0009$) were also reduced in the teriparatide group compared with the risedronate group.

ORIGINAL ARTICLE Kendler, D. L. *et al.* Effects of teriparatide and risedronate on new fractures in post-menopausal women with severe osteoporosis (VERO): a multicentre, double-blind, double-dummy, randomised controlled trial. *Lancet* http://dx.doi.org/10.1016/S0140-6736(17)32137-2 (2017)

SYSTEMIC LUPUS ERYTHEMATOSUS

Effects of disease activity on pregnancy outcomes

Comparison of data on births in women with systemic lupus erythematosus (SLE; $n = 180$) and in the general population in Norway ($n = 498{,}849$) has revealed links between disease activity and pregnancy outcomes. Patients with SLE had an increased risk of low birth weight in neonates ($P < 0.001$) and preterm birth ($P = 0.003$) compared with population controls, effects that were more pronounced in the setting of active disease. Patients with active disease also had an increased risk of pre-eclampsia compared with the general population or patients with inactive disease ($P < 0.001$ and $P = 0.052$, respectively).

ORIGINAL ARTICLE Götestam Skorpen, C. *et al.* Influence of disease activity and medications on offspring birth weight, pre-eclampsia and preterm birth in systemic lupus erythematosus: a population-based study. *Ann. Rheum. Dis.* http://dx.doi.org/10.1136/annrheumdis-2017-211641 (2017)

RHEUMATOID ARTHRITIS

Tocilizumab prevents progression of bone erosions

Results from 317 newly diagnosed DMARD-naive patients with rheumatoid arthritis enrolled in the U-Act-Early trial show a clear reduction in the progression of bone erosions after 104 weeks of treatment with tocilizumab alone or in combination with methotrexate compared with treatment with methotrexate alone ($P \leq 0.023$). The proportion of patients who showed no progression of erosions was also higher among those taking tocilizumab than methotrexate alone at weeks 52 and 104.

ORIGINAL ARTICLE Teitsma, X. M. *et al.* Radiographic joint damage in early rheumatoid arthritis patients: comparing tocilizumab- and methotrexate-based treat-to-target strategies. *Rheumatology (Oxford)* http://dx.doi.org/10.1093/rheumatology/kex386 (2017)