

IN BRIEF

OSTEOARTHRITIS**Hydroxychloroquine no HERO for hand OA**

As an analgesic treatment for hand osteoarthritis (OA), hydroxychloroquine was no more effective than placebo in a randomized, double-blind clinical trial. The Hydroxychloroquine Effectiveness in Reducing Symptoms of Hand Osteoarthritis (HERO) trial enrolled 248 participants with symptomatic and radiographic hand OA, who were randomly assigned to receive hydroxychloroquine (200–400 mg daily) or placebo. At 6 months ($n = 210$), average hand pain during the previous 2 weeks (on a 0–10 scale) did not differ between the hydroxychloroquine and placebo groups (5.66 versus 5.49; $P = 0.57$). Secondary outcomes, including grip strength, radiographic structural change and adverse events, were also similar across the groups up to 12 months.

ORIGINAL ARTICLE Kingsbury, S. R. et al. Hydroxychloroquine effectiveness in reducing symptoms of hand osteoarthritis: a randomized trial. *Ann. Intern. Med.* <https://doi.org/10.7326/M17-1430> (2018)

VASCULITIS**New insights into risk factors for GPA**

A large case–control study comparing incident cases of granulomatosis with polyangiitis (GPA; $n = 757$) with population-based controls matched for age and sex ($n = 7,546$) found that a history of bronchiectasis up to 5 years before GPA diagnosis was strongly associated with GPA (OR 5.1; $P < 0.0001$). Moreover, individuals with GPA were two to three times more likely than controls to have a previous diagnosis of an autoimmune disease or chronic renal impairment. Pulmonary fibrosis in the previous 3 years was also identified as a risk factor for GPA (OR 5.7; $P = 0.01$).

ORIGINAL ARTICLE Pearce, F. A. et al. Novel insights into the aetiology of granulomatosis with polyangiitis—a case–control study using the Clinical Practice Research Datalink. *Rheumatology* <https://doi.org/10.1093/rheumatology/kex512> (2018)

SYSTEMIC LUPUS ERYTHEMATOSUS**Incidence of flare is increased in pregnancy**

In women with systemic lupus erythematosus followed in the Hopkins Lupus Cohort (1987–2015), the incidence of disease flare increased during pregnancy (HR 1.59; 95% CI 1.27–1.96) and within the 3 months after delivery (HR 1.48; 95% CI 1.07–1.95), compared with non-pregnant, non-postpartum periods. The risk of flare during pregnancy was lower in patients treated with hydroxychloroquine (HR 1.26; 95% CI 0.88–1.69) than in those who were not (HR 1.83; 95% CI 1.34–2.45).

ORIGINAL ARTICLE Eudy, A. M. et al. Effect of pregnancy on disease flares in patients with systemic lupus erythematosus. *Ann. Rheum. Dis.* <https://doi.org/10.1136/annrheumdis-2017-212535> (2018)

MYOSITIS**Anti-NXP2 antibodies associated with severe JDM**

In a study of 23 patients with juvenile dermatomyositis (JDM), multivariate analysis of 26 histopathological parameters identified two distinct subgroups, with one cluster of patients ($n = 11$) having more severe disease and a higher frequency of antibodies against nuclear matrix protein 2 (NXP2) than the other cluster ($n = 12$). Patients with anti-NXP2 antibodies also required more aggressive treatment and had a lower rate of remission than patients with other or no myositis-specific antibodies.

ORIGINAL ARTICLE Aouizerate, J. et al. Muscle ischaemia associated with NXP2 autoantibodies: a severe subtype of juvenile dermatomyositis. *Rheumatology* <https://doi.org/10.1093/rheumatology/kex516> (2018)