

*Nature Reviews Rheumatology* 9, 636 (2013); published online 8 October 2013;  
 doi:10.1038/nrrheum.2013.153;  
 doi:10.1038/nrrheum.2013.154;  
 doi:10.1038/nrrheum.2013.156;  
 doi:10.1038/nrrheum.2013.155

## IN BRIEF

### OSTEOARTHRITIS

#### Decrease in hip replacement mortality

Analysis of data from the National Joint Registry for England and Wales, UK, has identified a drop in mortality rates from 0.56% in 2003 to 0.29% in 2011 for patients with osteoarthritis (OA) undergoing primary hip replacements. Covering 409,096 of such hip replacements for OA, with 1,743 patient deaths within 90 days of surgery recorded during the 8-year period, the study investigators adjusted for age, sex and comorbidity and found four modifiable clinical factors that were associated with lower mortality: posterior surgical approach, mechanical and chemical prophylaxis, and spinal anaesthesia. Type of prosthesis had no effect, but being overweight was associated with lower mortality.

**Original article** Hunt, L. P. *et al.* 90-day mortality after 409,096 total hip replacements for osteoarthritis, from the National Joint Registry for England and Wales: a retrospective analysis. *Lancet* 382, 1097–1104 (2013)

### RHEUMATOID ARTHRITIS

#### Predictors of tocilizumab efficacy

A 24-week study in 204 patients treated with tocilizumab for rheumatoid arthritis in routine clinical practice has identified three predictors of better response: age <55 years, high baseline C-reactive protein levels and no history of cardiovascular disease. 86.1% and 40% of patients reached EULAR states of response and remission, respectively, by week 24, which were made no more likely by using tocilizumab in combination with other DMARDs or in patients naive to biologic agents.

**Original article** Pers, Y. M. *et al.* Predictors of response and remission in a large cohort of rheumatoid arthritis patients treated with tocilizumab in clinical practice. *Rheumatology (Oxford)* doi:10.1093/rheumatology/ket301

### COMORBIDITIES

#### Relating hand osteoarthritis to coronary heart disease

Assessment of mortality and incident cardiovascular events (coronary heart disease, congestive heart failure and/or atherothrombotic brain infarction) in 1,348 participants in the Framingham Heart Study has identified an increased risk of coronary heart disease in people with symptomatic—but not radiographic—hand osteoarthritis (OA). The 540 patients with radiographic hand OA (40.1%) seemed not to be at increased risk of cardiovascular events or mortality, whereas the 186 participants (13.8%) with symptomatic hand OA had a hazard ratio of 2.26 (95% CI 1.22–4.18) for incident myocardial infarction and/or coronary insufficiency syndrome.

**Original article** Haugen, I. K. *et al.* Hand osteoarthritis in relation to mortality and incidence of cardiovascular disease: data from the Framingham Heart Study. *Ann. Rheum. Dis.* doi:10.1136/annrheumdis-2013-203789

### CRYSTAL ARTHRITIS

#### Attacks of gout more frequent in hospitalized patients

Monitoring gout attacks over a 1-year period in 724 patients with gout has confirmed hospitalization (of which there were 35 occurrences) as a risk factor for flares. The investigators compared potential risk factors in the 2-day periods preceding attacks with those from noncritical timeperiods and found that risk increased 4-fold with hospitalization (OR 4.05; 95% CI 1.78–9.19).

**Original article** Dubreuil, M. *et al.* Increased risk of recurrent gout attacks with hospitalization. *Am. J. Med.* doi:10.1016/j.amjmed.2013.06.026