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PATIENTS WITH WINTER AND SPRING ONSET OF RHEUMATOID ARTHRITIS HAVE POORER OUTCOMES AT SIX MONTHS THAN THOSE WITH SUMMER ONSET

Copenhagen, Denmark, Friday 12 June 2009: When a patient's first symptoms of rheumatoid arthritis (RA) occur in winter, the severity of their RA (as measured by the modified Total Sharp Score, mTSS, an assessment of erosion and joint space narrowing) was rated more severe at six months, when compared to patients whose RA first became symptomatic in summer (Odds Ratio (OR) =2.82 [1.14;7], p=0.0255). Furthermore, RA patients with their first symptoms in spring showed poorer radiographic outcome compared to summer-onset patients (OR=2.83 [1.10;7.37], p=0.0322), according to the results of a new study presented today at EULAR 2009, the Annual Congress of the European League Against Rheumatism in Copenhagen, Denmark.

Similarly, patients' mTSS after six months was worse if their first symptoms had occurred in winter (OR=2.61 [1.20; 5.71], p=0.0158) or in spring (OR=2.63 [1.13; 6.14], p=0.0025) versus autumn as the reference season. This effect was not however observed at 12 month follow up, which the study authors suggest could suggest that these initial environmental factors exert less of an effect on longer term radiographic progression.

Dr Gaël Mouterde, Immuno-Rheumatology Department, Lapeyronie Hospital, Montpellier, France who led the research, said: "During our study of predictors of radiographic progression, we have unveiled a distinct relationship between RA progression and seasonal onset and postulate that this could be as a result of either a vitamin D deficiency or environmental factors, such as winter viruses, influencing protein citrullination. Anti-citrullinated protein antibodies (ACPAs) are often found in the immune systems of RA patients. This finding may assist towards the identification of RA patients at a higher risk of developing structural damage, in order to propose early intensive therapy and minimise disease progression."

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Of the 736 patients from the multicentre French ESPOIR cohort analysed in the study (48±12 years of age, females 77%, mean disease duration 103+/-53 days, DAS28 5.11±1.31, HAQ score 0.97±0.68, CRP 21.9±32 mg/l, HLA-DRB1*01 or 04 57.5%), those found to have anti-CCP antibodies (total n=290) were also likely to have experienced increased radiographic disease progression (defined by an increase of at least 1 point of the mTSS), than those without anti-CCP antibodies, both after six months (OR=3.73 [2.04;6.82], p<0.0001) and one year (OR=5.38 [3.01;9.65], p<0.0001) compared to those without these antibodies.

Patients presenting with synovitis (inflammation of the membrane that lines the joints, commonly seen in rheumatic diseases) of at least 2 joints for a duration of 6 weeks to 6 months were assessed at baseline in terms of: clinical and biological features of arthritis (including radiographs of hands, wrists and feet), HLA-DRB1 gene typing, socioeconomic factors, comorbidities, IgM RF and anti-CCP auto-antibodies. They were re-assessed at both 6 months and one year.

The sensitivity and specificity of rheumatic factor (RF, an auto-antibody or antibody directed against an individual's own tissues sometimes seen in patients with RA) and anti-CCP at baseline in discriminating between erosive and non erosive disease at 6 months and one year were determined. Optimal cutoffs for these tests were derived from receiver-operating characteristic (ROC) curves using a cost function. Logistic regression was performed to evaluate the association between the radiological progression, and baseline variables.

For further information on this study, or to request an interview with the study lead, please do not hesitate to contact the EULAR congress press office on:

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About EULAR

- The European League Against Rheumatism (EULAR) is the organisation which represents the patient, health professional and scientific societies of rheumatology of all the European nations.
- In line with The European Union of Medical Specialists (UEMS), EULAR defines rheumatology as including rheumatic diseases of the connective tissue, locomotor and musculoskeletal systems.
- The aims of EULAR are to stimulate, promote, and support the research, prevention, treatment and rehabilitation of rheumatic diseases. To this end, EULAR fosters excellence in education and research in the field of rheumatology. It promotes the translation of research

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advances into daily care and fights for the recognition of the needs of people with rheumatic diseases.

- In 2009, The EULAR Executive Committee launched the EULAR Orphan Disease Programme (ODP) which aims to provide funding to research programmes focused on furthering understanding of the disease mechanisms behind systemic sclerosis. Please see www.eular.org for further information.
- Diseases of the bone and joints such as rheumatoid arthritis and osteoarthritis cause disability in 4-5% of the adult population and are predicted to rise as people live longer.
- As new treatments emerge and cellular mechanisms are discovered, EULAR 2009 is set to be the biggest rheumatology event in Europe with over 13,500 scientists, physicians, allied health professionals, and related audiences in attendance from over 100 countries. Over the course of the congress, more than 300 oral and 1,700 poster abstract presentations will be featured, with 780 invited speaker lectures taking place in more than 150 sessions.
- To find out more about the activities of EULAR, visit: www.eular.org