

# RA Patients on Anti-TNF-Alpha Agents at Risk for Herpes Zoster

BY MARY ANN MOON

**R**heumatoid arthritis patients who are taking monoclonal anti-tumor necrosis factor- $\alpha$  agents such as infliximab and adalimumab may be at increased risk for developing herpes zoster, according to a report.

An analysis of data from the German RABBIT (Rheumatoid Arthritis Observation of Biologic Therapy) registry, initiated in 2001 to track the long-term safety and effectiveness of biologic agents in rheumatoid arthritis (RA), showed a significant association between reactivation of latent varicella zoster virus and treatment with this class of anti-TNF- $\alpha$  drugs, said Dr. Anja Strangfeld of the German Rheumatism Research Centre Berlin and her associates.

The investigators examined data on 5,040 patients who were treated in 2001-2006 at more than 150 German outpatient clinics and private practices specializing in rheumatology.

A total of 82 patients developed 86 cases of herpes zoster, including 12 cases that required hospitalization. Of these, 39 were temporally linked to adalimumab or infliximab, compared with 23 cases linked to etanercept and 24 linked to conventional RA therapies.

The incidence of herpes zoster was 11.1 per 1,000 patient-years in patients who were taking the monoclonal anti-TNF- $\alpha$  antibodies, compared with 8.9 per 1,000 patient-years for etanercept and 5.6 per 1,000 patient-years for conventional therapies.

After the data were adjusted, the risk for

herpes zoster remained elevated only for patients taking adalimumab or infliximab. In a subgroup of patients who switched from conventional therapies to these anti-TNF- $\alpha$  drugs, the risk for herpes zoster increased after the switch, the investigators said (JAMA 2009;301:737-44).

The database used in this study has been supported by an unconditional joint grant from Essex Pharma, Wyeth Pharma, Amgen, Abbott, F. Hoffmann-La Roche Ltd., and Bristol-Myers Squibb Co. ■



This 25-year-old man complained of severe pain associated with vesicles and crusts on a red base over the right fourth and fifth thoracic dermatomes.

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synovium is really small. So when we put a needle in, we're finding that sometimes we're not in the place we think we are, and we're actually injecting into subcutaneous tissue," he said. "What we can see in real time with ultrasound is the synovial space actually expanding when you put in fluid." And while he conceded that joints with large effusions (less than 10% of joint injections) may stand to benefit less from this technique, "In a joint without effusion that has collapsed down (90% of injections), it's a benefit. And that is the great majority of injections."

Ultrasound-guided injections may also benefit obese patients. "We're finding we need much larger or longer needles to get into those joint spaces. So it's been tremendously helpful in those areas."

One of Dr. Park's research colleagues, Dr. Wilmer Sibbitt, was a developer of the Food and Drug Administration-approved reciprocating procedure device, now marketed by Avanca Medical Devices Inc. He reported having no other conflicts to disclose. ■

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Looking at the whole problem is the most important part of understanding it. That's why Novo Nordisk is dedicated to ongoing research.

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